

HARRINGTON ORTHODONTICS

Designing beautiful smiles for generations.

ATTENTION

**COLLEGE-BOUND
HIGH SCHOOL
SENIORS**

**A \$1,000.00 SCHOLARSHIP WILL BE AWARDED
THIS YEAR BY
HARRINGTON ORTHODONTICS**

~ANY PAST OR PRESENT HARRINGTON ORTHODONTIC PATIENT WILL QUALIFY

~ASK YOUR SCHOOL FINANCIAL AID OFFICE FOR DETAILS AND APPLICATION

**APPLICATION MUST BE POSTMARKED BY Monday,
APRIL 17th, 2019**

INSTRUCTIONS

- Read the instructions carefully. It is the key to success in many projects.
- Do not ask anyone at the office, by telephone, or in person, for advice about the essay, or to solicit support for your essay or anyone else's. It is unfair and will result in disqualification.
- Type essay in a True Type font such as Times New Roman, double space; print on standard 8.5 x 11 white paper.
- DATA PAGE SHOULD FOLLOW FORMAT OF EXAMPLE SHOWN AND BE ONE PAGE ONLY. SINGLE SPACE DATA PAGE ONLY WHERE NECESSARY.
- Write your name on the back of your picture in case it becomes separated from the page.
- Materials submitted are the property of Harrington Orthodontics and will not be returned.

ESSAY PAGE

- Type only your social security number in upper right hand corner.
- Type only your high school name in the upper left hand corner.
- Title your essay "How I Have Benefited from Orthodontic Treatment". Limit your essay to one page, double spaced. Remember: content counts – not length.
- Do not put your name on the essay page.
- Do not connect the two pages.
- Mail the sheet in the appropriate size manila envelope with proper postage by **Monday, April 17th, 2019** to:

Harrington Orthodontics
Dr. Chad F. Harrington Scholarship Fund
3340 E Douglas Rd
South Bend, IN 46635

WINNERS WILL BE NOTIFIED IN MAY.

A \$1,000 SCHOLARSHIP WILL BE AWARDED.

COLLEGE SCHOLARSHIP FUND

This fund is for high school seniors and has been established by Harrington Orthodontics. A \$1,000 scholarship will be awarded.

ELIGIBILITY

Any college-bound high school senior who has had orthodontic treatment with Harrington Orthodontics, completes a one page essay entitled "How I Have Benefited from Orthodontic Treatment", and submits the appropriate endorsed entry form is eligible. Employees of Harrington Orthodontics and their immediate families are ineligible.

ENTRY DATE

All entries **MUST BE POSTMARKED** by **Monday, April 17th, 2019** from any post office in the USA and mailed to: Dr. Chad F. Harrington Scholarship Fund, 3340 E Douglas Road, South Bend, IN 46635. **DO NOT SEND ENTRIES AFTER THE ENTRY DATE.**

SCHOLARSHIP AWARD NOTIFICATION DATE

Winners and their schools will be notified around the beginning of May, 2019.

A PANEL OF JUDGES WILL SELECT THE WINNERS BASED ON:

- Ability to follow instructions precisely as directed
- Content of essay
- Form and neatness of the essay
- Completion of the data page

SAMPLE DATA PAGE

High School: Harrington H.S.

Social Security #
(attach photo {with paper clip} name on back)

Name: Smiley

Street Address: 123 Damon Drive

City, State, Zip: Harrington, IN 32123

Telephone No.: 574-111-2222

High School Class: Senior

High School Awards and Activities: Speech and Debate Team, Basketball Team.

High School Grade Point Average: 3.7 B and Class Rank of 13 of 15

College Plans, including majors(s): Ball State University, Basketball, Major in Education.

Orthodontic Appliances Used: Braces on upper teeth, hyrax. Retainer on lower teeth

H. S. Principal's Name: Jayne Archwire Phone: 555-9820

H.S. Guidance Counselor's Name: Grace Klutz Phone: 555-1234

I, _____ certify that the school information on this page is accurate to the best of my knowledge and the above named student is a worthy recipient in need of financial aid.

Signature of Guidance Counselor

Date

The information provided is true and accurate. In entering this scholarship contest, I realize my essay and photographs are the property of Harrington Orthodontics, and if chosen as a winner, may be published in my school and local newspapers or posted in the offices of Harrington Orthodontics. No one in my immediate family is an employee of same.

Signature of Applicant

Date

Signature of Parent or Guardian

Date