

# Scholarship Application



## Personal Information

Full Name \_\_\_\_\_ Date of application \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Educational Information

School currently attending (HS, Post-Grad, Vocational) \_\_\_\_\_

Year graduated (expected) \_\_\_\_\_

Unweighted GPA \_\_\_\_\_

Weight GPA \_\_\_\_\_

College or post-secondary institution to attend \_\_\_\_\_

Have you been accepted yet (y/n) \_\_\_\_\_

Anticipated or current field of study: \_\_\_\_\_

## Academic Awards

Please **attach** to the submission email any academic achievement awards, leadership awards, and other excellent achievement awards.

## References

**Provide two letters of character or employment references with application.** Below, list the references name, relationship and contact information.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_

### **Essay Question**

Please **attach** an essay, approximately 500-1000 words reflecting your **educational/career goals**. Please include how your personal, educational, volunteer, extracurricular, cultural and work experience have influenced your decision making.

### **Resume or CV**

Please **attach** either an up-to-date resume or CV.

***Affidavit:*** I certify that the information provided in this application is complete and correct. I grant my permission to obtain any and all background information authorized by law to process this application. I further understand that if any information has been misrepresented, falsified, or omitted, any offer on OrthoArizona Foundation educational scholarship will be withdrawn without any obligation or liability on the part of OrthoArizona Foundation.

Signature\_\_\_\_\_ Date\_\_\_\_\_

### ***Submission:***

*Prior to submitting, please check your application for completeness. See Scholarship Application Checklist.*

*Please email this application, essay, and all attachments to Britney Buckles [bbuckles@orthoarizona.org](mailto:bbuckles@orthoarizona.org)*

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**