



GORDON & DESANTIS SCHOLARSHIP PROGRAM

Each year, Gordon & DeSantis Orthodontics provides two (2) \$1000.00 scholarships to graduating high school seniors who are either current or former patients of Gordon & DeSantis Orthodontics.

Scholarship applicants must submit the application and an essay highlighting how your orthodontic treatment has benefited you. The essay must be 500 words or less. The criteria for scholarship selection is based on achievement (3.5 cumulative GPA and combined SAT scores of 1000 and/or ACT scores of 24), leadership, school activities (particularly as it relates to the arts), and service throughout the high school years, along with the essay. These attributes can be represented through school, community, or church activities.



2023 SCHOLARSHIP APPLICATIONS ARE DUE BY MARCH 1, 2023

Please mail or deliver to:

Gordon & DeSantis Orthodontics
140 Shawnee St.
Greenville, OH 45331

Gordon & DeSantis Orthodontics
1930 Prime Ct. Suite 102
Troy, OH 45373

[Click here to download application](#)

Thank you for taking the time to apply for the Gordon & DeSantis Orthodontics Scholarship. It is a privilege and an honor for us to be able to give back to our orthodontic families, and to reward those students with a drive and desire to make a positive difference in our community and the world. We wish each of you the best of luck in your coming college career and would like to encourage you to never give up on your dreams!

Best Wishes,

Dr. Lindsay DeSantis

10. List public service and community activities you participated in or led in high school and include years participated. (Homeless services, mission work, environmental protection, etc.)

11. List part-time and full-time jobs held during high school.

12. What experience have you had participating in the arts?

13. What is your vision for your future career?

PARENTAL CONSENT

There will be several opportunities for the recognition and publicity of the recipient. Photos of the presentation may be used in publicity opportunities to support and recognize the recipient in media press and publications.

I give approval for my son/daughter to be photographed for the Gordon & DeSantis Orthodontics Scholarship Program.

PARENT/GUARDIAN'S SIGNATURE _____

Date _____

I certify that the information in the application is true, complete and correct to the best of my knowledge. I understand that this information is confidential and subject to verification by Gordon & DeSantis Orthodontics.

STUDENT SIGNATURE _____

Date _____