

True Orthodontics, PC Dr. John J. Lupini D.D.S., M.S

Orthodontic Scholarship Program

1605 Fort St.

Wyandotte, MI 48192

APPLICATION

Please Print:

Supplemental pages (8.5x11) may be attached for completing information. On each, please identify the applicant. Mail or hand deliver the application, letters of recommendation and supporting documents in ONE package by March 31st to the above address.

Name:

Mailing Address:

County of Residence:

Date of Birth: _____ Sex: _____

Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Email Address:

U.S. Citizen: _____ Yes _____ No

High School:

School Address:

School Phone Number:

Counselors Name & Email Address:

Date of Graduation: _____ Number of Students in Class:

Class Rank: _____ Cumulative GPA: _____

SAT/ACT Score:

Please include a copy of your SAT/ACT scores.

High School Academic Honors/Awards/ Accelerated Courses:

What college do you plan to attend?

Desired College Major:

Estimate college expenses for freshman year?

Number of siblings and ages:

How many family members, including yourself, will be in college next year?

Parent/Guardian Name/Occupations/Places of Employment:

List and describe any work experience during grades 9 – 12.

List and describe any extracurricular activities: (Organizations, clubs, sports, publications, art, music, drama, public speaking, contests, etc. Indicate honors, awards, letters won)

List and describe any volunteer activities: (School, Church, Community, etc.)
