Drop off or mail completed application to: School Name _____

Wood Orthodontics Scholarship • 429 Church St• Selma, AL • (334) 874-6627

Xerox OK unless original indicated on chart

[ Photo ]

2 x 1 1/2

# *Bryant G Speed Memorial Scholarship*

Please supply all the information requested below. A typed application is preferred; black ink must be used. Attach a picture in the indicated block.

**Name**_____

**Address**_____ **Zip** _____ **Phone** _____

**Age** _____ **Date of Birth** _____ SS# _____ **US Citizen** _____**yes**____

**Middle School Attended** _____ **Elementary School** _____

**Rank in Class** _____ **Numeric Ave** _____

**ACT Composite** _____ **SAT Combined** _____

**Names/Occupations/Place of Employment of parents (persons with whom you reside)**

_____

_____

**Number of brothers/sisters** _____ **ages** _____

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

**List most notable community activities & school related extra-curricular activities during grades 9-12 and "x" the appropriate grade level(s).**

| **Activities** | **Grade** 12 | 11 | 10 | 9 | **Level of involvement (i.e officer,member,ect)** |
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**List special recognition, awards, and honors received during grade 9-12 and "x" the appropriate grade level(s).**

| **Activities** | **Grade** 12 | 11 | 10 | 9 | **Level of involvement (i.e officer,member,ect)** |
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**List and describe any work experience during the last four years.**

| Place(s) of Employment | Grade 12 | 11 | 10 | 9 | Job Description |
|---|---|---|---|---|---|
| | | | | | |
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**What college do you plan to attend?** _____

**Estimated college expenses for freshman year** _____

**As professionals in the dental field, we believe that a healthy smile can have a positive effect on the lives of our patients. How do you feel about this statement? In other words, how has your smile affected your life (in either a positive or negative way)?** _____

**Although we believe that academics are very important, we also believe that being involved in extracurricular and community activities are equally important. In your life, how have your activities outside the classroom influenced you?** _____

_____ _____ _____

**Student's Name** **Parent's Name** **Date**

***By submitting this application, you agree that Wood Orthodontics may use your name and photograph for public relations purposes, and certify that the above information is true and accurate to the best of your knowledge.