



**PLEASE PRINT**

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Presently Attending \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_

School Applicant Will Be Attending \_\_\_\_\_

How did you hear about our scholarship program? \_\_\_\_\_

Extracurricular Activities\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Activities\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors, Recognitions or Awards\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Include attachments if needed

I, \_\_\_\_\_, give permission for Associated Orthodontists to use my/my child's name and photo for public relation purposes related to the Associated Orthodontists Scholarship Program, as well as post my/my child's essay on the Associated Orthodontists website. I certify that all of the above information is true and accurate to the best of my knowledge.

Signature of Student \_\_\_\_\_

Signature of Parent \_\_\_\_\_  
(If applicant is under 18 years of age)

A black graduation cap with a green tassel. The year "2026" is written in white on the front of the cap.

# Scholarship Program

Five winners will be chosen to each receive a \$1,000 scholarship, applied directly to their tuition at a college/university/vocational training/technical school.

This scholarship is open to current and former patients who received full braces at Associated Orthodontists and are currently high school seniors. Documented acceptance for post-high school education for the 2026 academic year will be required to receive the scholarship.

The program is open through March 2, 2026.

Associated Orthodontists will review all entries. Winners will be announced in April, 2026.

Scholarship recipients will be determined based on submitted essay, academic achievement, and participation in school and community activities.

## ELIGIBILITY

- 1) Graduating high school senior in December 2025 or May 2026
- 2) Current or former patient, who received full braces from Associated Orthodontists
- 3) GPA of at least 3.0

## APPLICATION INFORMATION

Please include all of the following:

- 1) Completed application
- 2) High school transcript summary that reflects GPA
- 3) Letter of recommendation from a teacher, guidance counselor, community leader or coach
- 4) 500 word essay on how your orthodontic treatment has positively impacted your life
- 5) Copy of the letter of acceptance from your school of choice

## SUBMISSION INFORMATION

- 1) Hand carried applications with all supportive materials are accepted at all of our locations until March 3, 2026.
- 2) Mailed applications with all supportive materials must be postmarked by March 3, 2026 and should be sent to:

Associated Orthodontists  
Re: Scholarship Program  
1118 N Larkin Avenue  
Joliet, IL 60435

Program is not open to AO staff or their family members.