



## LaFerla-Wilson Orthodontic Team Scholarship 2025

- Criteria:**
1. Current or Former Patient of LaFerla-Wilson Ortho
  2. Financial Need
  3. Essay

Name: \_\_\_\_\_ Address: \_\_\_\_\_ High  
School: \_\_\_\_\_

Proposed Field of Study: \_\_\_\_\_

School Most Likely to Attend: 1<sup>st</sup> Choice \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_

Extra-Curricular Activities in High School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience during high school (paid or volunteer work): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Need:**

Please indicate the approximate family annual income:

\_\_\_\_\_ under \$50,000 \_\_\_\_\_ over \$50,000

Total number of family members living at home: \_\_\_\_\_

Number of dependents in your family currently attending college full time: \_\_\_\_\_

**TO BE FILLED IN BY GUIDANCE COUNSELOR: Deadline April 4th, 2025**

Class Rank at end of Junior Year \_\_\_\_\_ of \_\_\_\_\_ students, Total GPA \_\_\_\_\_ ACT score  
\_\_\_\_\_ SAT scores \_\_\_\_\_ Signature \_\_\_\_\_ Comments:



## **LaFerla-Wilson Orthodontic Team Scholarship 2025**

As you prepare to embark on your academic journey into higher education, take a moment to reflect on the experiences and lessons that have shaped your high school years. In 300 words or less, please share who, besides your parents, has had the most significant influence on your life and why.