

LaFerla-Wilson Orthodontic Team Scholarship 2026

- 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: 1st Choice _____
2nd 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 2nd, 2026

Class Rank at end of Junior Year _____ of _____ students, Total GPA _____ ACT score _____ SAT scores _____ Signature _____

Comments:

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.