



## SCHOLARSHIP APPLICATION

### REQUIREMENTS

- A graduating high school senior who will pursue a post-secondary degree in any field.
- Minimum cumulative GPA of 3.0
- Current or Former Patient

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**High School Name:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**Extra-curricular high school activities:** \_\_\_\_\_  
\_\_\_\_\_

**Community activities:** \_\_\_\_\_  
\_\_\_\_\_

**Employment experiences:** \_\_\_\_\_  
\_\_\_\_\_

**Name and address of the college/school you will attend:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Field of study:** \_\_\_\_\_

**Future career plans:** \_\_\_\_\_

**How did you hear about the Tindall Orthodontics Scholarship Program? (Teacher, school counselor, Tindall Orthodontics employee, Tindall Orthodontics patient, newsletter, etc.?)**

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**Please include a short essay (250 words or less) on why you should receive this scholarship. (This may include financial need, future goals, or obstacles you have overcome.) Tell us how you chose the school you selected to attend.**

Please deliver completed application by **MAY 1, 2026** to:

Tindall Orthodontics  
1415 Westport Landing Place  
Manhattan, KS 66502

Recipients will be notified prior to May 15, 2026.



**STUDENT AND/OR PARENTAL CONSENT:**

There are several opportunities for the recognition and/or publicity of the student and Tindall Orthodontics. Tindall Orthodontics would like to celebrate the student recipient with a visit to our office to take a photo with Dr. Mark Tindall. The photo may be used in publicity opportunities including, but not limited to our website.

I give approval for my son/daughter to be photographed for the Tindall Orthodontics Scholarship, understanding that the photo may be posted on [www.tindallortho.com](http://www.tindallortho.com) or Facebook for student recognition.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information in the application is true, complete, and correct to the best of my knowledge. I understand that this information is confidential and subject to verification by Tindall Orthodontics.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_