



Academic Scholarship Application

Name: _____ Male Female Rather not say
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Have you applied to college/trade school? Yes No
Have been admitted to college/trade school? Yes No
Have you applied for financial aid? Yes No
Are you a resident of Oklahoma? Yes No

Test Results and Academic Standing

<u>High School</u>	<u>College (if applicable)</u>
Name: _____	Name: _____
GPA: _____ ACT/SAT Score: _____	GPA: _____
Class Rank: _____ Class Size: _____	Total Hours Completed: _____
Perspective College: _____	Major: _____
Perspective Major: _____	Expected Graduation: _____

ON A SEPARATE DOCUMENT, PLEASE EXPAND ON THE FOLLOWING:

Personal Achievements: Please tell us about your goals, interests, hobbies, and expectations for the future.

Honors and Activities: Please list honors received in high school/college, extra curricular activities, community service, and all elected offices you've held. Please include any corresponding dates of service.

Financial Need: Need is not the only factor in awarding this scholarship. However, may be considered in weighing the merits of applications of similar qualifications. If you wish to have financial need considered as part of your application, please be as specific as possible in your explanation.

Personal Recommendation: Attach no more than two recommendations for unrelated persons.

NOTE: To qualify for the Smile for a Child Foundation's Academic Scholarship, you must be a graduating high school senior or a current student in college or trade school.

When completed, please submit this application to:

smile4achildfoundation@gmail.com

OR

Smile for a Child Foundation
1000 N Lincoln Blvd, Suite 2000
Oklahoma City, OK 73104