

What is your favorite book and why:

Tell us why you are a good candidate for this scholarship:

If you were lost in the woods, how long would you survive? What special skills would you put to use:

Give an example of a difficult decision you faced and how you handled the situation:
(Picking a college is an acceptable subject, but other topics preferred)

Additional sheets may be added as needed



2024 Scholarship Information

Information: Three scholarships of \$1000, \$600 and \$400 will be awarded to three high school students in the Leavenworth and surrounding areas.

Eligibility: Must be a patient (current or former) of Anderson Orthodontics.

Must be a graduating high school senior.

Preference: Preference will be given to applicants who demonstrate the following:

- Scholastic achievement
- A dentistry related career path
- Evidence of good character

Application: The completed application form (attached sheet) is required for the scholarship.

A current transcript is required and should be attached to the application.

Current photo.

Supplemental information may be included with the application, but is not required. These may include additional essays, letters of recommendation, or other pertinent information.

Deadline: All scholarship applications must be received by March 15th, 2024. Please send applications to:

Scholarship Committee
Anderson Orthodontics
121 Delaware St.
Leavenworth, KS 66048

Any questions may be directed to the scholarship committee
braces@DrAOrtho.com