FREELS
ORTHODONTICS
Where creating beautiful smiles is our specialty

The criteria for the selection of scholarship recipients are as follows:

1. Applicant must be a **High School graduating senior**.
2. The applicant must have been a patient of record and have **completed full treatment** with our office.
   (No transfer-ins or limited service)
3. Plans to attend a **four-year college** or university post-graduation as a full-time student (minimum of 12 semester hours).
   1. Include a copy of the acceptance letter(s)
4. Student must have a grade point average of **3.0 or higher** (on a 4.0 point GPA)
   a. Include an official transcript with current rank and GPA
5. Please include an **updated resume** or student profile for high school grades 9-12 which include courses taken, college courses if applicable, extracurricular activities, hobbies, job experience and/or any relevant information.
6. Applicant must write an essay from the topic list provided below. Essay must be one-page minimum, two-page maximum single spaced, 12 point Arial font.

   **To qualify for scholarships $1250 & $1000**
   Write an Essay based on this topic: Dog and cat. Coffee and tea. Great Gatsby and Catcher in the Rye. Everyone knows there are two types of people in the world. What are they and which are you?

   **To qualify for $500 scholarship:**
   Write an Essay based on this topic: If you had the authority to change your community in a positive way, what specific changes would you make?

   **The applicant may submit essays on both topics but the applicant <u>cannot win in both categories</u>.**

Additional details:
1. A photo must be included in the applicant packet with a filled-out photo release waiver (whether approved or denied).
2. A notice must be included in the applicant packet with information on any other scholarships received.
3. The applicant agrees that if selected for the FREELS ORTHO scholarship and he/she decides not to attend/or withdraws from school that he/she will **return funds received**.
   The applicant must sign a Promissory Note to have on record.
4. The scholarship check will be made out to the college or university directly not the student. Please complete the Student details form.
5. Completed scholarship application packet must be turned in no later than May 31st at 4pm. You may submit in a sealed envelope to the office or scan the information and e-mail to michelle@freelsortho.com (applications with missing information will not be considered) Please only submit completed criteria.

Check List:
- Applicant photo
- Photo release waiver
- Notice of any other scholarships received
- University acceptance letter
- Official transcript (current rank and GPA)
- An updated resume or student profile
- Signed Promissory Note
- Student details form
- Essay or Essays

FREELS
ORTHODONTICS
Where creating beautiful smiles is our specialty

Name: _____

Student e-mail address:_____

College/University Name:_____

Student ID _____

or Account number:_____ (to reference on the scholarship check)

Financial Department mailing address:

_____

_____

_____

Freels Orthodontics
3220 Buddy Owens Ave Suite 100
McAllen, TX 78504

DATE:_____

PROMISSORY NOTE

For the Value Received, the Undersigned promises to pay to the order of Freels Orthodontics the total sum of the scholarship given should the recipient decide he/she will not attend or withdraws from college or university post-graduation.

FULL NAME:_____ SIGNATURE:_____

PARENT NAME:_____ SIGNATURE:_____

FREELS ORTHO

Chris A. Freels DDS, MS

# Authorization For Use Or Disclosure Of Patient Photographic and/or Video Images

Authorization:
I authorize the use and disclosure of my name, photographic/video images, and/or testimonial for marketing purposes by Freels Orthodontics. I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.

Purpose:
The photographic/video images, and/or testimonial will be used for social media, website, and/or advertising.

Revocability:
I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive. This authorization expires 99 years from the date signed.

No Treatment Conditions:
I understand that the practice cannot condition treatment on whether or not I sign this authorization.

If desired, copy provided:
(  ) "Yes, I would like a copy of this form."
(initialed by team member, copy provided by _____)

Patient Name:_____ Date:_____ Signature:_____

If Patient is a minor

Parent/Legal Guardian:_____ Date:_____

Signature: _____