

FABER ORTHODONTICS SCHOLARSHIP PROGRAM

The Faber Orthodontics Scholarship Program offers the opportunity to support the College costs for graduating high school students. One \$500 scholarship will be awarded on a competitive basis to graduating seniors from the local area. Winners will be notified by late May to assist in the student's college decision.

Eligible Applicants must:

1. Be a senior attending a state accredited public or private high school. The applicant must reside in one of the following counties: Essex, King and Queen, King William, Richmond, Northumberland, Lancaster, Middlesex, Mathews, King George and Westmoreland.
2. Demonstrate outstanding academic achievement, strong participation in school activities and community service. Minimum criteria are a 3.6 cumulative GPA and combined math and verbal SAT scores of 1200.
3. Be a candidate for high school graduation at the end of the current academic year and plan to enroll as a full-time student in an accredited college or university.

How to Apply:

If the applicant meets the preceding eligibility requirements, he/she may obtain an application from the high school guidance counselor or from Dr. Beth Faber's office. An application may also be downloaded from our web page www.bracesbydrbeth.com by clicking on the scholarship icon. Each applicant must submit:

- 1) Faber Orthodontics Application form
- 2) High school transcript and recent SAT scores
- 3) Two letters of recommendation: one from a guidance counselor, a teacher **or** high school principal and a second letter that is a personal reference from a non family member
- 4) Any other information which might be helpful or will aid your application
- 5) Signed parental consent form

The completed Application Form, Letters of Recommendation and supporting documents must be postmarked or delivered to Dr Beth Faber's office in one envelope no later than **April 30, 2014.**

Mail or deliver Applications to:

Beth L. Faber, DDS, MS
Scholarship Program
1790 Ball Street
P.O. Box 1686
Tappahannock, VA 22560

FABER ORTHODONTICS SCHOLARSHIP FUND

**Dr. Beth L. Faber
1790 Ball Street
P.O. Box 1686
Tappahannock, VA 22560**

APPLICATION

PLEASE TYPE:

Supplemental pages (8.5 x11) may be attached for completing information. On each, please identify applicant. Mail or hand deliver the Application, Letters of Recommendation and supporting documents in **ONE** package by **April 30, 2014** to the above address.

PART I: PERSONAL INFORMATION

1. Name: _____ SSN: _____
 Last First Middle

2. Mailing Address: _____
 Street/P.O. Box

3. _____ Telephone No.: () _____
 City/Town State Zip

4. County of Residence: _____

5. Date of Birth: _____ Sex: _____

6. U.S. Citizen: _____ Yes _____ No

7. How did you hear about the Faber Orthodontics Scholarship Program (teacher, school counselor, a Faber Orthodontics Employee, a Faber Patient, etc.)?

10. OTHER ACTIVITIES DURING HIGH SCHOOL YEARS:

A. Extracurricular activities (Organizations, clubs, sports, publications, art, music, drama, public speaking, contests, etc. Indicate honors, awards, or letters won):

Description of Activity	Activity Associated With	Honor, Award, Letter Won	Length of Participation

B. VOLUNTEER ACTIVITIES: (School, Church, Community, etc;)

Description of Activity	Activity Associated with	Length of Participation

C. EMPLOYMENT EXPERIENCES:

Name of Employer	Position	Dates of Employment

11. Typed on a separate sheet of paper, tell us “Why you are interested in pursuing a college education and what personal events have lead you to this goal”?

THE FABER ORTHODONTICS SCHOLARSHIP FUND

LETTER OF RECOMMENDATION

TO APPLICANT:

Please complete the top section of this form and deliver the form to your selected reference. Reference will return the completed letter to you in a sealed envelope. Two Letters of Recommendation must be included in your submitted application package.

APPLICANT'S NAME: _____

NAME OF REFERENCE: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS OF REFERENCE: _____

TO REFERENCE:

The applicant named above has applied for a scholarship from Dr. Beth Faber's office. Your opinion will be given considerable weight; consequently, your attention to completion of this form is very important. If you are willing to provide a reference for this applicant, please complete and return the form to the applicant in a **SEALED** envelope, identifying the name of the applicant on the outside of the envelope. The applicant will include your reference with his/her application. The application with all references **MUST BE SUBMITTED** to the Scholarship Fund by **April 30 2014**.

OVERALL, I (Please check one):

- RECOMMEND THE APPLICANT WITH SOME RESERVATION
- RECOMMEND THE APPLICANT WITH SERIOUS RESERVATION
- RECOMMEND THE APPLICANT WITHOUT RESERVATION
- DO NOT RECOMMEND THE APPLICANT

SIGNATURE _____

TYPED NAME _____

POSITION _____

Applicant's Name: _____

Please rate the applicant on the following qualities. Rate only the qualities of which you have direct knowledge.

QUALITY	NOT OBSERVED	LESS THAN SATISFACTORY	SATISFACTORY	EXCELLENT	OUTSTANDING
Scholastic Ability					
Citizenship					
Motivation					
Organizational Skills/Work Habits					
Communication Skills					
Leadership Potential					
Relationship With Peers					
Other (Identify)					

Please describe the length of time and context in which you have known the applicant. What qualities in the applicant led you to recommend him/her for this scholarship?

Parental Consent

There are several opportunities for the recognition and publicity of the student and Dr. Beth Faber, Orthodontics. Dr. Beth Faber would like to celebrate the student recipient with a visit to our office for a tour of our facility and take a picture with Dr. Beth Faber. The picture may be use in publicity opportunities to support and recognize the student in media press and publications, and/or www.bracesbydrbeth.com website announcements.

I give approval for my son/daughter to be photographed for The Faber Scholarship Fund promotional, understanding that the photo may be posted on www.bracesbydrbeth.com website for student recognition.

PARENT/GUARDIAN'S 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 Dr. Beth Faber's office.

STUDENT SIGNATURE: _____ Date: _____