

# SCHOLARSHIP MUSIC AWARD



"Changing the World, One Smile at a Time..."

**NEWHART ORTHODONTICS** awards ten (5) \$1000.00 awards or scholarships each year to graduating seniors with the most outstanding talent in music – vocal or instrument. This is NOT an academic award. It is an award to acknowledge talent in the field of music. The recipient does not need to be planning to attend college. Dr. Scott Newhart or a member of his staff will attend our award winners' individual School Award Ceremony and present him or her with a check for \$1000.00, a Certificate of Achievement, and a Newhart graduation gift.

## **REQUIREMENTS:**

- Must be a student in grade 12 for the current school year
- Must demonstrate outstanding talent and potential in music (Classical, Rock, Blues, etc.)
- If appropriate we will attend a live performance if desired

## **MAIL or E-MAIL APPLICATIONS TO:**

Newhart Orthodontics  
301 Arizona Ave. Suite 300  
Santa Monica, CA 90401

Attention: Lynn Newhart

## ***PLEASE MAKE SURE YOU ATTACH ALL OF THE FOLLOWING:***

- Completed Awards or Scholarship Application
- DVD or other Digital Media demonstrating your skills
- Senior Photo (Release Section of the Scholarship Application MUST be signed)

## **DEADLINE IS MARCH 1 of each year.**

***No late applications will be accepted or considered!***

If you have any questions, please contact Lynn Newhart, Coordinator for the School Partnership Program at: (310) 393-9389 or [lynn@drnewhart.com](mailto:lynn@drnewhart.com). For more information about the Newhart Orthodontics Awards or Scholarship, visit:

**[www.drnewhart.com/aboutus/scholarshipprogram](http://www.drnewhart.com/aboutus/scholarshipprogram)**

# SCHOLARSHIP APPLICATION



"Changing the World, One Smile at a Time..."

Student Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

High School Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ (*Only Grade 12 qualifies*)

How did you hear about the Newhart Orthodontics Scholarship Program? (teacher, school counselor, Newhart Orthodontics Employee, Newhart Orthodontics Patient, Friend, website, etc.) \_\_\_\_\_

## ATTACH :

1. Current Photograph. 2. Is there any additional information about you that you would like us to know about? You may include special information or anything you believe might be useful to Newhart Orthodontics in evaluating your application.

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

## STUDENT AND/OR PARENTAL CONSENT:

There are several opportunities for the recognition and/or publicity of the student and Newhart Orthodontics. The attached picture may be used for publicity opportunities including, but not limited to our website.

I \_\_\_\_\_ hereby authorize the photograph submitted on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ to be used for the purpose of promotion for **NEWHART ORTHODONTICS**. Understanding that the photo may be posted on our website: **www.drnewhart.com** .

\_\_\_\_\_

(Student Signature)

\_\_\_\_\_

(Parent Signature if Student is Under the Age of 18)

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

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_