



Extraordinary Smiles Scholarship

Name: _____

Address: _____

Phone: _____

Email: _____

High School: _____

Name of Parent/Guardian: _____

Phone of Parent/Guardian: _____

Email of Parent/Guardian: _____

College/Institution to be attended: _____

Anticipated Entry Date: _____

Anticipated Major: _____

What is your Grade Point Average? _____

Have you received any other scholarship? _____

If so, from whom and what amount? _____

Please attach additional sheet to list the following:

1. Extracurricular activities
2. Honors, Awards, Certification
3. Job, Volunteer Experience

In 500 words or less, please tell us how you are spreading smiles in our community.



Extraordinary Smiles Scholarship

Applicants must meet the following criteria:

- 1. Must be enrolled in Parkland High School or LCTI**
- 2. A 2021 graduating senior**
- 3. GPA of 3.2 or better**
- 4. Must include academic transcript**

Agreement: We realize that scholarships are based upon merit and attendance qualifications. Therefore, we acknowledge that inaccurate information provided by us will result in the student being disqualified from scholarship consideration/receipt.

Signature of Student: _____

Signature of Parent/Guardian: _____

Deadline for applications to be returned to Mrs. Allison McPeek in the Parkland High School counseling office : April 23rd, 2021