



SPILLERS ORTHODONTICS *Scholarship*

I am very excited to once again offer The Spillers Orthodontics Scholarship Program. Spillers Orthodontics will be providing a \$1,000 scholarship to two (2) graduating high school seniors that are either current or former patients of Spillers Orthodontics. The scholarship may be applied toward tuition, books, fees, or any other related expenses for the student's first year of college. Checks will be made payable to the institution of choice.

Scholarship applicants must submit the two-page application, two letters of reference, and an essay highlighting a particular person or event that has influenced your personal life and future aspirations. The essay must be 500 words or less. The criteria for the scholarship will be based on achievement, leadership, and service throughout the high school years, along with the essay and references. These attributes can be represented through school, community, or church activities.

Completed applications are due by **March 16th** and can be dropped off or mailed to:

Spillers Orthodontics Scholarship
400 Spillers Way
Warner Robins, GA 31088

OR

Spillers Orthodontics Scholarship
5555 New Forsyth Road
Macon, GA 31210

The application can be found using this link to our website, [Scholarship Application](#).

Thank you for taking the time to apply for a Spillers Orthodontics Scholarship. It is a privilege and an honor for us to be able to give back to our orthodontic families, and to reward those students with a drive and desire to make a positive difference in our community and the world. We wish each of you the best of luck in your coming college career and would like to encourage you to never give up on your dreams!

Sincerely,

A handwritten signature in cursive script that reads "J Don Spillers Jr DMD".

J. Don Spillers, Jr., DMD, MS, PC

SPILLERS ORTHODONTICS

SCHOLARSHIP APPLICATION

1. Applicant's Full Name: _____
Last Name First Name Middle Initial

2. Applicant's Complete Address:

Street Address

City

State

Zip Code

Phone

E-mail Address

3. Current patient, *yes or no*. If no, month and year of orthodontic completion: _____

4. Date of expected high school graduation: _____

5. Current high school: _____

6. Current high school Academic Cumulative GPA _____ on a scale of _____

SAT scores _____

ACT scores _____

High School Counselor signature to verify: _____

7. Name of college(s) applying to: _____

8. List the names of your references, limited to two (2) total. Please attach reference letters with application.

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9. List high school extra-curricular activities and include years participated. (Student Government, sports, clubs, arts, drama, etc.) _____

10. List public service and community activities you participated in or led in high school and include years participated. (Homeless services, mission work, environmental protection, etc.)
Do not repeat items listed previously. _____

11. List part-time and full-time jobs held during high school. _____

12. List awards, publications, and special recognitions you have received during high school and include year received. _____
