



Dr. and Mrs. Baker Orthodontics

Scholarship Application



Must be a current or former patient of Happier Smiles or Baker Orthodontics

Students Name: _____

Full Address: _____

Telephone: _____

Date of Birth: _____ Age: _____

Email: _____

High School: _____

Current Grade: _____ (Only Grade 12 Qualifies)

Current GPA: _____

How did you hear about the Baker Orthodontics Scholarship Program (teacher, school counselor, Happier Smiles Orthodontics Employee or Patient, website)?

Please go to www.happiersmilesorthodontics.com for a complete list of requirements

Attach Required 300 Word Essay:

In 300 words or more, attach a written essay: "Reflect on why Self-Confidence is so important and how achieving your ideal smile has helped improve your Self-Confidence and interactions with others."

Separately, list any additional information about you, including special achievements or activities, hobbies, talents, community service, or anything you believe might be useful to Happier Smiles Orthodontics in evaluating your applications.

List extracurricular school and/or community activities in which you participate here or on a separate piece of paper. Please describe your role in each activity:

Any Questions:

Contact Maria Ledesma, Clinical Lead
760-743-2295

Email: contact@happiersmilesortho.com
www.happiersmilesorthodontics.com