



Virginia Smiles
PO Box 842
Waynesboro, VA 22980
email: info@virginia-smiles.org

Katie Higgins Memorial Scholarship

Scholarship Application

Application Deadline: March 16th, 2018

First, Middle and Last Name: _____

Street Address: _____

City, State and Zip Code: _____

Phone Number (s): _____

Email Address: _____

Birth Date: _____

Name of High School Currently Attending: _____

Current GPA: _____

School Address: _____

City, State, and Zip: _____

Phone Number of Current School: _____

Name of School Counselor: _____

Name of Educational Institute that you are registered to attend next academic year:

Type of diagnosis (e.g., complete or incomplete, bilateral or Unilateral, cleft lip or cleft palate):

Craniofacial team of care, and surgeon's name: _____

Please submit this completed application, along with a 500 word essay that answers the following question:

Why should I be awarded the Katie Higgins Memorial Scholarship?



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Please agree to and sign the following honor statement:

I submit this application and essay with full honesty that I have provided all required information.

Signature of Scholarship Applicant: _____

Date: _____

Please mail the completed application and essay via mail by March 16th, 2018 to:

Virginia Smiles
PO Box 842
Waynesboro VA 22980-5304

COMPLETED APPLICATION MUST BE RECEIVED BY MAIL AND POST MARKED NO LATER THAN MARCH 16TH, 2018 IN ORDER TO BE ELIGIBLE FOR CONSIDERATION.

FUNDS WILL BE DISPERSED TO EDUCATIONAL INSTITUTION FOLLOWING CONFIRMED ENROLLMENT FOR THE FALL SEMESTER OF 2018.
