



## **\$500.00 Scholarship Award** ***The Power of a SMILE!***

1. Must be a graduating senior who is applying to college.
2. Must be a current or previous patient of Loew & Patel Orthodontics or Sanford Orthodontics.
3. Must write a paper 1-2 pages in length, any genre, on "The Power of a Smile". CREATIVITY RULES!
4. Entries must be original work, accompanied by a contest cover sheet which is completed and signed by both the applicant and parent.
5. **DO NOT PUT YOUR NAME ON YOUR ESSAY!** You will be disqualified if you do so, your cover sheet will identify the essay as yours. For anonymity each submission will be assigned a number and our selection committee will review each essay.
6. Submit "ALL" entries (regardless of which office you visit) by mail to our LPO Bridgewater office:

**Attn: Barbara Cimino - Loew & Patel Orthodontics**  
**1353 Prince Rodgers Avenue, Bridgewater, NJ 08807**

**Deadline for all submissions: Monday, April 15, 2024**

Additional information available at:  
[www.loewandpatelorthodontics.com](http://www.loewandpatelorthodontics.com)

The winner will receive the Scholarship Award during the High School's Award Night.

# Loew & Patel Orthodontics Scholarship Coversheet

## *“The Power of a SMILE”*

### *\$500.00 College Scholarship Application*

Applicant’s Name: \_\_\_\_\_

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

Current Telephone Numbers (please provide two if possible)

(\_\_\_\_\_)\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_

Name of High School applicant is graduating from:

\_\_\_\_\_

Name and address of College or Continuing Education, applicant is planning to attend:

\_\_\_\_\_

I, \_\_\_\_\_, give my word that the following contest entry is entirely my own work. I have not received any coaching or advice, have not copied or used another person’s work,

ideas or committed plagiarism in any form. I understand that if I submit any work that is not mine, my entry will be disqualified. I

give my permission to have my entry, name\* and/or picture published in the local newspaper and on Loew & Patel Orthodontics website and social media pages.

\_\_\_\_\_

(Signature of Applicant)

(Date)

\*You may choose to have only your first name published.

I, \_\_\_\_\_, the applicant’s parent, verify that the above statement is true. My child is submitting his/her personal work and has not received assistance.

\_\_\_\_\_

(Signature of Parent)

(Date)

\_\_\_\_\_

Which office do you visit: Flemington, Annandale or Bridgewater?