



Castilla Orthodontics Scholarship

Form must be legibly printed. Due Date: April 30, 2026

Full Name: _____

Phone: _____ E-mail: _____

Address: _____

City, State, Zip: _____

Scholarship: A \$1,500.00 one-time scholarship made out to your college or university.

Eligibility: High school senior, from Marion or Polk County, with academics in good standing and a minimum of 3.0 GPA. Applicant must be planning to attend a 4-year college or university. Please include any community service.

QUESTIONS TO ANSWER:

1. What has inspired you to pursue your specific field of choice, and how do you plan to achieve these goals?
2. How do you feel you could use your degree to contribute to society and the community?

RULES: Only applications that conform to the rules will be considered. Your essay will not be returned.

1. Send official high school transcript along with your application.
2. Answers must be typed with double spacing.
3. Send by regular mail. Special, signed for deliveries will not be accepted. All applications must be postmarked no later than April 30, 2026.

Answers to questions should support your educational goals. Give specific information on experience or steps taken toward your goal. Judging will emphasize correct spelling and punctuation.

SEND TO:

Castilla Orthodontics
ATTN: Practice Manager
434 Lancaster Dr. NE
Salem, Oregon 97301

I, certify that the accompanying answers are solely my own work, that I have read and understand the conditions set forth, and that I agree to accept the decision of the judges as final.

Signature of Applicant: _____ Date: _____