

Silver Smiles Scholarship Award

Name: _____

Address: _____

Phone: _____ Cell number: _____

School: _____

College: _____

Weighted GPA: _____ Unweighted GPA: _____

List of classes you are currently taking:

List of offices/leadership positions you have held:

List clubs, sports, and extra curricular activities you have been involved in over the past 4 years. (Please include # of yrs.):

List of volunteer activities you have been involved with. (Please include # of yrs.):

Please answer the following questions. A separate sheet of paper may be used if needed.

What are your future education and career plans?

What experiences have you had that you feel will make you successful?

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What has been your most memorable high school experience?

Why do you feel you are deserving of this scholarship?

What other scholarships have you already been awarded?

**Please mail completed scholarship packet to:
Dr. Arthur Silver
2371 Henry Clower Blvd., Suite A
Snellville, GA 30078**