



Virginia Smiles  
PO Box 842  
Waynesboro, VA 22980  
email: [info@virginia-smiles.org](mailto:info@virginia-smiles.org)

## Katie Higgins Memorial Scholarship

### Scholarship Application

Application Deadline: March 29th, 2019

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: \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

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 29th, 2019 to:

Virginia Smiles  
PO Box 842  
Waynesboro VA 22980-5304

COMPLETED APPLICATION MUST BE RECEIVED BY MAIL AND POST MARKED NO LATER THAN MARCH 29<sup>th</sup>, 2019 IN ORDER TO BE ELIGIBLE FOR CONSIDERATION.

FUNDS WILL BE DISPERSED TO EDUCATIONAL INSTITUTION FOLLOWING CONFIRMED ENROLLMENT FOR THE FALL SEMESTER OF 2019.

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