

STULL ORTHODONTICS SCHOLARSHIP PROGRAM

The Stull Orthodontics Scholarship Program offers the opportunity to support the college costs for graduating high school students. Three \$1000 scholarships will be awarded on a competitive basis to graduating seniors from the local area. Winners will be notified by mid-May to assist in the student's college decision.

Eligible Applicants must:

1. Be a senior attending a state accredited public or private high school. The applicant must reside in one of the following counties: Campbell, Kenton, Boone, Pendleton, or Bracken. In addition to any student in the counties previously stated, our patients from Kentucky, Ohio, and Indiana are eligible to participate.
2. Demonstrate outstanding academic achievement, strong participation in school activities, and community service. Recommended criteria are a 3.5 cumulative GPA and combined SAT I scores of 1000 and/or ACT scores of 24.
3. Be a candidate for high school graduation at the end of the current academic year and enroll as a full-time student in an accredited college or university.

How to Apply:

If the applicant meets the preceding eligibility requirements, he/she may obtain an application from the high school guidance counselor or from Dr. Stull's office. Each applicant must submit 1) Stull Orthodontics Application form; 2) High school transcript and recent SAT I or ACT scores; 3) Letters of recommendation from a guidance counselor, a teacher and/or high school principal, and a personal reference from a non-family member; 4) Any other information which might be helpful or will aid your application; and 5) Signed parental consent form.

The completed application form, letters of recommendation, and supporting documents must be postmarked and mailed to the office of Dr. Jeri Stull 637 Highland Ave. Ft. Thomas, KY 41075 or delivered to Dr. Stull's office in one envelope no later than **FRIDAY, FEBRUARY 27th 2026.**

Mail Applications to:
Stull Orthodontics Scholarship Program
637 Highland Ave.
Ft. Thomas, KY 41075

Stull Orthodontics Scholarship Program
637 Highland Ave.
Ft. Thomas, KY 41075

APPLICATION

PLEASE PRINT:

Supplemental pages (8.5 x 11) may be attached for completing information. On each, please identify applicant. Mail or hand deliver the application, letters of recommendation and supporting documents in **ONE** package by **MONDAY MARCH 3rd, 2025** to the above address.

PART I: PERSONAL INFORMATION

1. Name: _____
2. Mailing Address: _____
3. Contact Number: _____
4. County of Residence: _____
5. Date of Birth: _____ Sex: _____
6. Email address: _____
7. How did you hear about the Stull Orthodontics Scholarship Program (teacher, school counselor, a Stull Orthodontics Employee, a Stull Orthodontics Patient, etc.)? Please list the full name of the person if applicable.

APPLICANT: _____

8. College Information:

Colleges/Universities to which you have applied or will apply	Have you been accepted? Yes/No/Not Heard

College you hope to attend as a full time student:

Desired College Major:

9. Educational Information:

Please include a copy of your transcript through January and a copy of your SAT I and/or ACT test scores.

High School: _____

Address: _____

Date of Graduation: _____ Number of Students in Class: _____

Class Rank: _____ Cumulative GPA: _____

SAT I Scores: Verbal: _____ Math: _____

ACT Score: _____

APPLICANT: _____

10. Other Activities During High School Years:

A. Extracurricular Activities: (Organizations, clubs, sports, publications, art, music, drama, public speaking, contests, etc. Indicate honors, awards, letters won):

Description of Activity	Activity Associated With	Honor, Award, Letter Won	Length of Participation

B. Volunteer Activities: (School, Church, Community, etc.)

Description of Activity	Activity Associated With	Length of Participation

C. Employment Experiences:

Name of Employer	Position	Dates of Employment

11. Typed on a separate sheet of paper, tell us **what impact you believe your college education will have on you and how the experiences of these years will shape your future.**

STULL ORTHODONTICS SCHOLARSHIP PROGRAM
LETTER OF RECOMMENDATION

TO APPLICANT:

Please complete the top section of this form and deliver the form to your selected reference. Reference will return the completed letter to you in a sealed envelope. Two Letters of Recommendation must be included in your submitted application package.

APPLICANT'S NAME: _____

NAME OF REFERENCE: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS OF REFERENCE: _____

TO REFERENCE:

The applicant named above has applied for a scholarship from Dr. Jeri Stull's office. Your opinion will be given considerable weight; consequently, your attention to

completion of this form is very important. If you are willing to provide a reference for this applicant, please complete and return the form to the applicant in a **SEALED** envelope, identifying the name of the applicant on the outside of the envelope. The applicant will include your reference with his/her application.

OVERALL, I (Please check one):

- RECOMMEND THE APPLICANT WITH SOME RESERVATION
- RECOMMEND THE APPLICANT WITH SERIOUS RESERVATION
- RECOMMEND THE APPLICANT WITHOUT RESERVATION
- DO NOT RECOMMEND THE APPLICANT

SIGNATURE _____

PRINT NAME _____

POSITION _____

Applicant's Name: _____

Please rate the applicant on the following qualities. Rate only the qualities of which you have direct knowledge.

Quality	Not Observed	Less Than Satisfactory	Satisfactory	Excellent	Outstanding
Scholastic Ability					
Citizenship					
Motivation					
Organizational Skills/Work Habits					
Communication Skills					
Leadership Potential					
Relationship With Peers					
Other (Identify)					

Please describe the length of time and context in which you have known the applicant. What qualities in the applicant led you to recommend him/her for this scholarship?

**STULL ORTHODONTICS SCHOLARSHIP PROGRAM
LETTER OF RECOMMENDATION**

TO APPLICANT:

Please complete the top section of this form and deliver the form to your selected reference. Reference will return the completed letter to you in a sealed envelope. Two Letters of Recommendation must be included in your submitted application package.

APPLICANT'S NAME: _____

NAME OF REFERENCE: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS OF REFERENCE: _____

TO REFERENCE:

The applicant named above has applied for a scholarship from Dr. Jeri Stull's office. Your opinion will be given considerable weight; consequently, your attention to completion of this form is very important. If you are willing to provide a reference for this applicant, please complete and return the form to the applicant in a **SEALED** envelope, identifying the name of the applicant on the outside of the envelope. The applicant will include your reference with his/her application.

OVERALL, I (Please check one):

- RECOMMEND THE APPLICANT WITH SOME RESERVATION
- RECOMMEND THE APPLICANT WITH SERIOUS RESERVATION
- RECOMMEND THE APPLICANT WITHOUT RESERVATION
- DO NOT RECOMMEND THE APPLICANT

SIGNATURE _____

PRINT NAME _____

POSITION _____

Applicant's Name: _____

Please rate the applicant on the following qualities. Rate only the qualities of which you have direct knowledge.

Quality	Not Observed	Less Than Satisfactory	Satisfactory	Excellent	Outstanding
Scholastic Ability					
Citizenship					
Motivation					
Organizational Skills/Work Habits					
Communication Skills					
Leadership Potential					
Relationship With Peers					
Other (Identify)					

Please describe the length of time and context in which you have known the applicant. What qualities in the applicant led you to recommend him/her for this scholarship?

Parental Consent

There will be several opportunities for the recognition and publicity of the student, Dr. Jeri Stull, Stull Orthodontics. Dr. Jeri Stull would like to celebrate the student recipient with a visit to our office for a tour of our facility and take a picture with Dr. Jeri Stull.

The picture may be used in publicity opportunities to support and recognize the student in media press and publications.

I give approval for my son/daughter to be photographed for The Stull Orthodontics Scholarship Program.

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

I certify that the information in the application is true, complete, and correct to the best of my knowledge. I understand that this information is confidential and subject to verification by Dr. Jeri Stull's office.

STUDENT SIGNATURE: _____

DATE: _____