



**VARBLE**  
**ORTHODONTICS**  
**EDUCATIONAL SCHOLARSHIP**

**PATRICK VARBLE , D.M.D., M.S.**

We believe in helping people have healthier, happier smiles. We appreciate the opportunity to do this every day, that we go to work. Education is an important aspect of our practice and exhibited daily through ongoing education in new treatments and technologies. Therefore, we want to support the education of a student who is committed to helping people live healthier and happier lives.

**Application Materials:**

Fill out the attached application and write an essay as indicated below.

**Essay:** Answer the following question in a short essay of 250 words or more:

**When you have completed your education, what are your goals for helping people to live happier and more smile filled lives?**

**Eligibility Criteria:**

This scholarship is open to any student who is a current High School senior and has been or is a current patient of Varble Orthodontics in either Jerseyville, Bethalto or Litchfield office.

The scholarship applicant must be able to demonstrate a commitment to helping people be happier and lead more smile filled lives.

All eligible candidates must be in good academic standing.

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**Submission Deadline:**

**All application materials must be postmarked by April 1, 2023 or emailed to**

**[varbleortho@gtec.com](mailto:varbleortho@gtec.com) by April 1, 2023**

**Award Announcement: April 17, 2023**

**Scholarship amount: \$500**

**(We will award one scholarship to a patient from each of our 3 offices)**

Scholarship applicants must submit all application materials (see above) by email to

[varbleortho@gtec.com](mailto:varbleortho@gtec.com) or **by mail** to our Jerseyville Office at

Varble Orthodontics

Atten: Scholarship

801 West County Road

Jerseyville, IL 62052

Please feel free to email our office with any questions at [varbleortho@gtec.com](mailto:varbleortho@gtec.com)



**VARBLE  
ORTHODONTICS**

**EDUCATIONAL  
SCHOLARSHIP APPLICATION**

APPLICANTS FULL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

WHICH VARBLE ORTHODONTICS OFFICE ARE YOU A PATIENT:

JERSEYVILLE  BETHALTO  LITCHFIELD

HIGH SCHOOL ATTENDING \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

CUMULATIVE GPA \_\_\_\_\_ ON A \_\_\_\_\_ SCALE

PLEASE LIST YOUR EXTRA CURRICULAR ACTIVITIES/AWARDS -

Please mail this completed application with your Essay attached to:

VARBLE ORTHODONTICS  
ATTN: SCHOLARSHIP  
801 WEST COUNTY ROAD  
JERSEYVILLE, IL 62052