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Specialists in Orthodontics & Dentofacial Orthopedics

Hicks & McMurphy Orthodontics Scholarship

Application & Release Form

Student Name: _____

Address: _____

Phone Number: _____

School Presently Attending: _____

College/University/Vocational Training/Technical School will be attending:

I, _____, give permission for Hicks & McMurphy Orthodontics to use my child's name and photo for marketing purposes related to the Hicks & McMurphy Scholarship Program.

Signature of Student: _____

Signature of Parent: _____

(if applicant is under 18 years of age)