



Excellence in Orthodontics for Children and Adults

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**Sobler Orthodontics Scholarship
Application & Release Form**

Student Name: _____

Address: _____

Phone Number : _____

High School: _____

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

I, _____, I give permission for Sobler Orthodontics to use my child's name and photos for marketing purposes related to the Sobler Orthodontics Scholarship Program.

Signature of Student: _____ Date _____

Signature of Parent : _____ Date _____

(if applicant is under 18 years of age)