



Nick Turner DMD, MS *Brett Wood* DMD, MS

— 2026 —

ORTHODONTICS

TWortho.com

TW Orthodontics Scholarship Program

The TW Orthodontics Scholarship Program offers the opportunity to support the college cost for graduating high school students. It was established to recognize individuals with a potential to excel and become a contributing member of our local communities. Scholarships will be awarded on a competitive basis to graduating seniors from the Central and South Alabama areas. All scholarship money will go directly to the school to be applied toward tuition, books, fees, housing, or related expenses. Scholarship recipients will be determined based on academic achievement, participation in school and community activities, and an essay. Winners will be notified by **April 30, 2026** to assist in the student's college decision.

Eligibility Requirements

- Applicants must currently be in orthodontic treatment or have completed treatment by **Dr. Nicholas Turner, Dr. Brett Wood, or Dr. Jeremy Scarpate.**
- Attach an essay (500 words or less) describing your college goals and why this scholarship will help you achieve those goals.
- Applicant's account must be in good standing.
- Applicant must be a graduating high school senior who plans to attend an accredited college or university as a full-time student for at least one year.
- Applicant must be a student who has minimum cumulative GPA of 3.0.
- Incomplete applications will NOT be accepted or considered.

Application Process:

Please fill out the information on the application form, parental consent form, and transcript summary form. Attach the essay response and submit as follows:

- Post marked by **April 2, 2026**
- Mail or hand deliver to:

TW Orthodontics Scholarship Program

Attn: Vaughan Lyons
736 East Lee Street
Enterprise, AL 36330

ANDALUSIA 403 Western Bypass | **(334) 222-3054**
MONTGOMERY 4635 Woodmere Blvd | **(334) 260-8166**

ENTERPRISE 763 E. Lee St. | **(334) 347-0096**
SELMA 107 YMCA Dr. | **(334) 874-6627**



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(*PLEASE PRINT LEGIBLY & RETURN*)

Student Name _____

Address _____

Email _____

Student's Cell _____

Parent's Name _____

Parent's Cell _____

For more information please contact:

Vaughan Lyons | TW Orthodontics

736 East Lee Street | Enterprise, AL 36330
334-347-0096 | vaughan@twortho.com

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Name of Applicant _____

School _____

GPA _____ SAT Score _____ ACT Score _____

School Attending _____

Signature of Guidance Counselor to verify above information:

Printed Name

School Seal or Stamp:

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TW Orthodontics would like to celebrate the student recipients with a photo. The picture may be used in publicity opportunities to support and recognize the student in media press, publications, and our practice website.

I give approval for my son/daughter to be photographed for the TW Orthodontics Scholarship. I consent that the photo may be posted to the twortho.com website and our social media platforms for student recognition.

Parent/Guardian 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 TW Orthodontics.

Student Signature _____ **Date** _____

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