



Today's Date: _____

APPLICATION FOR ORTHODONTIC SCHOLARSHIP

- Please complete the following 3 pages. The questionnaire should be completed in the applicant's own handwriting.
- You must submit two photos of the applicant, one smiling facial photo and one in which the applicant's teeth are clearly visible. Please do not submit photos that are out of focus.
- You must have two letters of recommendation (types and limit each to one page). These letters should be from a professional (such as a doctor or dentist, hygienist, teacher, pastor, guidance counselor, youth worker) and should be on letterhead, if possible. Please include contact information so the board can follow up on references if necessary.
- Please submit a copy of a recent pay stub or the most recent tax return that you have available.

The applicant is an excellent candidate for Smile for a Lifetime because: _____

Submitted by (circle one): self parent pastor school counselor dentist other _____

How did you hear about Smile for a Lifetime? _____

Applicant's name: _____

Applicant's address: _____

Applicant's phone number: _____ Grade in school: _____

Applicant's age: _____ Gender _____ School: _____

Does applicant qualify for Medicaid? _____

Does the applicant see a dentist regularly? _____ Applicant's dentist: _____

Is applicant covered by dental insurance?_____ Name of insurance company:_____

MOTHER/GUARDIAN	FATHER/GUARDIAN
Name:	Name:
Address:	Address:
Do you rent or own?	Do you rent or own?
Phone:	Phone:
Occupation:	Occupation:
Employer:	Employer:
Employer contact (to verify employment):	Employer contact (to verify employment):
How long have you been at this job?	How long have you been at this job?
Salary:	Salary:
Email:	Email:
Marital status:	Marital status:

If selected, would the applicant be able to volunteer for 10 hours in the community? _____

Please mail the completed forms (3 pages) with pictures, recommendation letters, and proof of income to:

Smile for a Lifetime Foundation
c/o Reynolds Orthodontics
1304 Beaman Place
Greensboro, NC 27408

For questions: 336-274-7649 or email S4L@reynoldsorthodontics.com

Our board of directors meets quarterly and will review complete applications. Candidates who are selected to move to the final round will be asked to visit Reynolds Orthodontics for a clinical assessment and personal interview. Final selections will be made afterward. Finalists will be notified.

Please note that this is a competitive scholarship. Candidates are evaluated on the basis of clinical and financial need, as well as character, commitment to treatment, and attitude. Special circumstances are considered. It is in the applicant's best interest to provide as much information as possible so the board can best assess the applicant's situation and character.

Only complete applications will be considered. Please make sure you have read and followed the instructions.

Applicant Questionnaire

Please have the applicant answer the following questions IN HIS/HER OWN HANDWRITING.

1) Tell us about yourself. What do you like to do? What extracurricular activities do you participate in? Do you do any volunteer work? What are your goals and aspirations?

2) Tell us about your family. How many people live with you, and who are they?

3) Why do you want braces? What prevents you from getting braces now? How do you feel about your smile now? How do you think braces will improve your life now and in the future?

4) Our chapter asks that each winner participate in 10 hours of volunteering in our community. Do you have a place that you are already volunteering? If not, what would you like to do? What are your interests and skills?