

Winning Smiles Scholarship Application

All fields must be completed in order to be considered. Please only use blue or black ink and write in English.

Date: _____

First and Last N	Name of Applicant:		
Preferred First	Name or Nickname:		
clear (no pixelate	s application, you must include three 5"x7" photographs of the applicant. The photos must be ed or blurry photographs). The applicant must be biting down all the way in all three photos. who with full face, all teeth visible from the front		
2) Profile sn	Profile smiling photo showing full face, teeth visible from the side		
3) Close up	3) Close up from the front showing all upper and lower teeth (retract cheeks with plastic spoons)		
	etters that tell us why the applicant deserves a scholarship are required. Reference letters mu sily members. Examples: dentist, pastor, teacher, counselor, etc.		
	er is a great opportunity for the reference to give the selection committee insight about the e. Examples: community service, exceptional efforts, outstanding qualities, strong character.		
Applicant's Dat	e of Birth: Gender:		
School:	Grade:		
Parent or Legal	Guardian's Full Name:		
Street Address:	!		
City:	State: Zip Code:		
Cell Phone:	Home Phone:		
Email Address:			
Parent or Legal	Guardian's Employer:		
Annual Househ	old Income: \$ Number of People in Household:		
Does applicant o	qualify for Medicaid or Medicare? Circle one: Yes / No		
Does applicant o	qualify for reduced or free lunch program? Circle one: Yes / No		
Please only com	plete if applicant is covered by dental insurance:		

must

Insurance Company:	Policy Number:	
Please have the applicant write why they feel they are an excellent candidate for a Winning Smiles Scholarship. Kindly limit the answer to the space provided below and write clearly.		
Once completed, please mail both pages of the applicat	ion, three required photos, and two reference letters to	
Winning Smiles Scholarship Foundation 960 Ribaut Road Suite 2		
Beaufort, SC 29902		
To be considered for the Winning Smiles Scholarship, th attending school, and living at home with a parent or leg parent or legal guardian in order to be considered. Applicandidates chosen for screening will be asked to provid return, W-2, or most recent pay stub) to ensure Winning applications, photos, and supporting documentation will Winning Smiles Scholarship Foundation. Limit one winneby April 15, 2023 to be considered for the 2023 scholarship	al guardian. This application must be signed by a cant must not already be in orthodontic treatment. e verification of family income (such as last year's tax Smiles Scholarship financial requirements are met. All not be returned and shall become property of the er per family per year. Applications MUST be received	
Name of Person Submitting Application:		
Relationship to Applicant:		
Parent or Legal Guardian's Signature:		
Printed Name:		