



**WINNING**  
ORTHODONTIC SMILES  
YOUR SMILE • OUR PASSION

## 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 Name of Applicant:** \_\_\_\_\_

**Preferred First Name or Nickname:** \_\_\_\_\_

In addition to this application, you must include three 5"x7" photographs of the applicant. The photos must be clear (no pixelated or blurry photographs). The applicant must be biting down all the way in all three photos.

- 1) Smiling photo with full face, all teeth visible from the front
- 2) Profile smiling photo showing full face, teeth visible from the side
- 3) Close up from the front showing all upper and lower teeth (retract cheeks with plastic spoons)

Two reference letters that tell us why the applicant deserves a scholarship are required. Reference letters must be from non-family members. Examples: dentist, pastor, teacher, counselor, etc.

- This letter is a great opportunity for the reference to give the selection committee insight about the candidate. Examples: community service, exceptional efforts, outstanding qualities, strong character.

**Applicant's Date 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 Household Income: \$** \_\_\_\_\_ **Number of People in Household:** \_\_\_\_\_

Does applicant qualify for Medicaid or Medicare? Circle one: **Yes** / **No**

Does applicant qualify for reduced or free lunch program? Circle one: **Yes** / **No**

Please only complete if applicant is covered by dental insurance:

