



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: _____ Pronouns: _____

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:

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 application, three required photos, and two reference letters to:

Winning Smiles Scholarship Foundation
102 Buckwalter Parkway Suite 3J,
Bluffton, SC 29910

To be considered for the Winning Smiles Scholarship, the applicant must be between 9 and 16 years old, qualify for Medicaid/ Medicare/ free or reduced lunch, attend school, and live at home with a parent or legal guardian. This application must be signed by a parent or legal guardian in order to be considered. Applicant must not already be in orthodontic treatment. Candidates chosen for screening will be asked to provide verification of family income (such as last year's tax return or W2) to ensure Winning Smiles Scholarship financial requirements are met. All applications, photos, and supporting documentation will not be returned and shall become property of the Winning Smiles Scholarship Foundation. Limit one winner per family per year. Applications MUST be received by April 15th, 2025 to be considered for the 2025 scholarship cycle.

Name of Person Submitting Application: _____

Relationship to Applicant: _____

Parent or Legal Guardian's Signature: _____

Printed Name: _____