



Have you done the following? PLEASE INCLUDE:

- Two 5x7 photos- FULL SMILE and TEETH SHOWING
- Two letters of recommendation (from non-relatives)
 - Copy of last report card or school transcript
- If you are eligible for reduced lunch, please include a copy of qualification
 - Copy of last tax-return
 - A cavity free dental clearance

Please mail or drop off completed application form with pictures and letters of recommendation to:

Carson City Orthodontics

Attn: Smile and Feel Good Scholarship

3790 Hwy 395 S. #406, Carson City, NV 89705

Or email to: office@carsoncityortho.com

For questions: e-mail office@carsoncityortho.com

All pictures and supporting documents will NOT be returned.

Deadlines, Applications received:

October 1 - March 15 (Scholarship selection April)

April 1 - September 15 (Scholarship selection October)

Applicant Information

Applicant Name _____ Age _____ Sex: F () M ()

Birthdate _____ School _____ Grade _____

Home Address _____

City _____ State _____ Zip _____ How long at this address? _____

Home Phone _____ Cell Phone _____ Email _____

If applicant is a minor, give custodial parent's name or guardian's name _____

Applicant's hobbies _____

General Dentist _____ Dentist Phone _____

How did you hear about Smile and Feel Good Scholarships? _____

There are many reasons why people get braces; please select the following that apply or feel free to add your own.

- Discomfort while eating
- Speech Impediment
- It's hard to clean my teeth well
- Jaw and/or mouth pain
- I get teased about my teeth
- I'm embarrassed to smile
- I look down when talking
- I cover my mouth when I'm talking
- I cover my mouth when I laugh
- I have a hard time sleeping/ sleep apnea

PARENT OR GUARDIAN INFORMATION

(1) Name _____ Email _____

Home Address _____ Own () Rent ()

City _____ State _____ Zip _____ How long at this address? _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to Applicant _____

Occupation _____ Your income (per year) _____

(2) Name _____ Email _____

Home Address _____ Own () Rent ()

City _____ State _____ Zip _____ How long at this address? _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to Applicant _____

Occupation _____ Your income (per year) _____

It is important to understand that orthodontic treatment can span over several years. Can you make your child's treatment a priority? _____

What is your primary means of getting to their appointments on time? _____

Are there plans of relocating the family in the next two years? _____

What is most important to you about your son/daughter receiving this scholarship? _____

Applicant Questionnaire:

1) What would it mean to you if you received orthodontic treatment through Smile and Feel Good Scholarships? Why do you feel you are a deserving candidate for Smile and Feel Good Scholarship? _____

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

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

4) 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?__

5) If you had a chance to do a favor for another person/organization, without any expectation of being paid back, what would you do and why? _____

6) Do you have a reliable method of transportation to get to and from appointments? _____

7) Do you have all of your adult teeth? _____
