



Smile Scholarship Foundation

Orthodontic Scholarship Application

Please be aware it is your responsibility to complete this application in full! If it is not complete upon submission, we will not pass this onto the board, nor will we chase you to complete. The responsibility of treatment begins with completing this paperwork.

Applicant Name: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

Parent/Guardian Email Address: _____

Responsible Party Phone Number(s) Home: _____ Cell: _____

Application Submitted by: Self Parent School Counselor Other: _____

Number of times the applicant has applied for the Smile Scholarship: _____

Applicant's age: _____ Applicant's Date of Birth: _____

Applicant's grade level: _____

Parent(s)/Guardian(s) place of employment: _____

Applicant's household income: _____

Current Dentist: _____

Date of last check-up: _____

Additional Documents Needed:

- You must submit a 5 x7 head-shot photo of the applicant with a full smile and teeth showing.
- You must have two letters of reference (typed and limit each to one page).
- You must provide verification of family income. This can be last year's tax return W-2 or a copy of two (2) most recent pay stubs.

Please mail completed application with a picture and reference letters to:

McCormick Orthodontics Attn:
Carolyn Fonock
2215 Baltimore Pike
Oxford, PA 19363

Candidates will be asked to provide verification of family income ensuring McCormick Orthodontics Scholarship Board that financial requirements are met. All applications, pictures and supporting documents will NOT be returned and become property of McCormick Orthodontics.