



Smile Scholarship Foundation

Community Service Proposal Form

The purpose of service in this program is to introduce you to the concept of community and to engage you in two ways with your community. First, you are receiving the gift of straight teeth and oral health. In return, you give back to your community with your service. You may consider it your way of “paying” or giving back for what you are receiving. As a board, we believe your documentation and participation for your service work as a most important component of the program. It is your job to fulfill, document and complete all service requirements. We will periodically check in with your service contact.

At the end of your service hours, you are to obtain a written letter of completion from your service leader. Also, you are to document your experience with either a minimum 500-word paper or a three-minute-long video. In this project, we would like you to address what you did; what you learned; how this service made you feel; and how you think you made the world better with your participation. This is to be handed in to McCormick Orthodontics at the latest the date of your treatment completion. It is up to you to fulfill all these requirements on time and without reminder.

Applicant's Name: _____

Date started: _____ Date completed: _____ Total Hours of service: _____

Contact Person's Name: Phone Number: _____

Email: _____

Date(s) of Service: _____ Hours of service (50 hours minimum required): _____

Contact Person's Signature: _____

Proposed Project: _____

Please provide one paragraph describing your proposed project:

Requirements:

- 50 hours of community service
- 500-word essay describing your experience OR 3-minute long video describing your experience
- Due no later than treatment completion date