

Star Smiles for a Lifetime Application



STAR
ORTHODONTICS

*Steven Dickens, DDS, MS, PA
Christine Sirna Bode, DMD, MS*

Applicant Information:

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

Birthdate _____ School _____ Grade _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

General Dentist _____ Dentist Phone _____

How did you hear about Smile for a Lifetime? _____

Today's Date: _____

PARENT/GUARDIAN INFORMATION

(1) Name _____ Marital Status _____ E-mail _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to Applicant (Mother) (Father) Guardian) Other _____

Employer _____ Occupation _____ Annual Income _____

(2) Name _____ Marital Status _____ E-mail _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to Applicant (Mother) (Father) Guardian) Other _____

Employer _____ Occupation _____ Annual Income _____

PLEASE INCLUDE THE FOLLOWING SUPPORTING INFORMATION:

- Two letters of reference/recommendation are needed. (Only send two, and make sure they are from a teacher, principal, pastor, guidance counselor, etc.) Each letter should be one page, typed or printed neatly on letterhead in black ink.
- A copy of last year's Tax Return (if taxes were not filed, we will accept a signed 4506-T)
- If our office asks, submit a Dental Clearance Form completed by the applicant's dentist.

For questions: call 704-845-0600 or e-mail Miranda@StarOrthoNC.com

Your application, letters and supporting documents will **NOT** be returned and will become property of Star Smiles for a Lifetime. Our Board of Directors reviews applications twice a year. Incomplete applications will not be reviewed. Please remember that Dr. Dickens and Dr. Bode, the orthodontists for scholarship recipients, are not involved in choosing recipients and do not serve on the Board.

YOUR STORY

Important: Applicants, please write your answers by hand. Each question should be answered in a short paragraph, 5-7 sentences long. **Attach extra pages for answers if needed.** This is a chance to tell your story, so take your time and share what's special about you and your family!

We'd love to get to know you! Tell us a little about yourself: What are some of your favorite hobbies or things you like to do? Are you in any clubs or activities? Do you have any goals or dreams for the future? Next, tell us why you think you would be a great candidate for Star Smiles for a Lifetime. What has kept you from getting braces so far, and how do you think having braces could make a difference for you in the future?

We'd love to hear about your family! How many brothers or sisters do you have? Who are they and do they live with you? What kinds of things do you enjoy doing together? How many people are in your family, and what's your relationship with each of them like? Tell us a bit about what makes your family special!

We'd love to know why you'd like braces and how you think orthodontic treatment could make a difference in your life. How would braces help you feel or look? Also, if there are any tough times or challenges you've faced that you think we should know about, feel free to share.

Please mail the completed application and supporting documents to:

Star Orthodontics
Attn: Miranda/Star Smiles for a Lifetime
1326 Matthews Township Parkway
Matthews, NC 28105