

Star Smiles for a Lifetime Application Requirements



What You Need to Include:

- **Two Recommendation Letters** -- Please send only two letters from someone like a teacher, principal, pastor, or counselor. Each letter should be one page, typed or neatly printed in black ink (no pencil) on letterhead.
- If our office asks, please send a **Dental Clearance Form** filled out by your child's dentist.
- The applicant must live in Union or Mecklenburg County or nearby areas served by our foundation.
- The applicant must be a **current student** with a **positive attitude**.
- The applicant must agree to **follow the treatment plan** and be committed to **attending all appointments on time**.
- The applicant should **have no cavities** and must agree to **visit the dentist every six months**.
- The applicant's family income should be no more than 200% of the poverty level (if your child qualifies for free or reduced-price lunch, this usually means they meet this requirement).

Where to Send Your Application: Mail your completed application to:

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

If you'd rather email the paper application, send it to Miranda@StarOrthoNC.com and include the applicant's name in the subject line.

Additional Information:

- Your application, letters, and supporting documents **will not** be returned and will become the property of Star Smiles for a Lifetime.
- Our Board of Directors reviews applications twice a year. Incomplete applications will not be considered.
- Although Dr. Dickens and Dr. Bode provide orthodontic care for scholarship recipients, they do not select recipients and are not part of the Board of Directors.