

SMILES OF HOPE

SCHOLARSHIP APPLICATION*

SCHOLARSHIP QUALIFICATIONS

- Must be between ages 10 and 18 and have good oral hygiene.
- Must have resided in Jefferson, Williamson or Jackson County for at least one year.
- Applicant's parents must have a combined income level that is lower than 150% of the federal poverty level. If the applicant qualifies for free or reduced school lunches, he or she is encouraged to apply.
- Have a moderate to severe need for braces.

APPLICATION REQUIREMENTS (TO BE SUBMITTED WITH THIS APPLICATION)

1. A 5x7 facial photo (full smile with teeth showing).
2. Two letters of recommendation (preferably from a dentist, teacher, clergy, etc.). No more than one typed page.
3. Verification of parents/guardians income in the form of the previous years tax return.

I would benefit from braces because _____

Number of times applicant has submitted an application to Smiles of Hope _____

Applicant Age _____ Applicant Grade in School _____ Applicant Gender _____

Do applicants qualify for Medicaid? _____

Is applicant covered by dental insurance? (specify company and policy # located on card) _____

Contact Information:

Applicant Name _____

Parent/Guardian Name(s) _____

Address _____

Parent Email _____

Parent/Guardian Phone Home _____ Cell _____

Parent/Guardian Place of Employment _____

Submitted by (circle one), Self Parent School Official Dentist Other _____

Please mail completed applications with materials requested to: (depending on which county you live in)

The Rotary Club of Carbondale

Attn: Klein and Cook Scholarship
P.O. Box 3975
Carbondale, IL 62902

Marion Rotary Club

Attn: Klein and Cook Scholarship
P.O. Box 341
Marion, IL 62959

Mt. Vernon Rotary Club

Attn: Klein and Cook Scholarship
P.O. Box 2456
Mt. Vernon, IL 62864

All applications, pictures, and supporting documents will NOT be returned and become property of Smiles of Hope and Klein & Cook Orthodontics, LLC. It is further understood that names and photos will be used for professional presentations and official announcements.

Parent/Guardian Signature _____



4210 Lincolnshire | Mt. Vernon, IL 62864 | 618-244-7747
715 N. Giant Rd. | Carbondale, IL 62902 | 618-549-2100
210 E. DeYoung | Marion, IL 62959 | 618-997-6640
915 W. Main | Salem, IL 62881 | 618-548-4800

www.kleinandcookortho.com



**This application expires one year from the date of submission.*