

## Sheffield Smiles Application for Orthodontic Scholarship

### Application Form (updated 05.2019)

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of School: \_\_\_\_\_ How did you hear about the Scholarship? \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

Have you applied for an orthodontic scholarship before? \_\_\_\_\_

Total Annual Household Income: \$ \_\_\_\_\_ How many family members are in the household? \_\_\_\_\_

Submitted by (circle one):      Self      Parent      Educator      Dentist      Other \_\_\_\_\_

The applicant is an excellent candidate for an orthodontic scholarship because:

\_\_\_\_\_

\_\_\_\_\_

To be considered for the SHEFFIELD SMILES ORTHODONTIC SCHOLARSHIP, application must include the following:

1. Handwritten answers by the applicant for all the questions on the attached Student Questionnaire.
2. A copy of last year's tax return, W-2s, or a copy of the most recent pay stubs for all family wage earners.
3. Two 4 x 6 photos of the applicant
  - a. One full face (headshot) photo showing a full smile
  - b. One close up photo showing only the applicant's teeth.
4. Two letters of reference (typed and limited to one page each) from a teacher, coach, community leader, or other non-family mentor that knows the applicant.
5. A copy of applicant's last report card or school transcript.

*Sheffield Smiles Orthodontic Scholarships are awarded after consultation with a committee of local volunteers. The process is competitive, and not all applicants will be awarded an orthodontic scholarship from Dr. Sheffield. Successful candidates will meet the following criteria: a complete application, a combination of demonstrated orthodontic and financial need, a desire to improve him/herself, in addition to giving back to others. Services are 100% donated by Robert Sheffield DDS. No reimbursement is received from Smile for a Lifetime Foundation.*

The completed application and all supporting documents should be sent to:

Sheffield Smiles Orthodontic Scholarship  
3428 Hillcrest Avenue, Suite 100  
Antioch, CA 94531

For questions: 925-757-3356 or [info@Sheffieldortho.com](mailto:info@Sheffieldortho.com) with Orthodontic Scholarship in the subject line.

Note: Applications, pictures and supporting documents will not be returned, and will become the property of Robert Sheffield DDS, Inc. for the sole purpose of evaluating the student for the Orthodontic Scholarship.

# Application for Orthodontic Scholarship Questionnaire – Must be hand written by applicant

STUDENT NAME \_\_\_\_\_

1) Tell us about yourself. What are your interests and hobbies? What activities are you involved in when you aren't at school? Do you participate in any community service or volunteer projects? What do you want to do when you grow up?

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2) Tell us about your family. How many people live with you, and who are they?

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3) Why do you want braces? How do you feel about your smile? How do you think braces could improve your life now and in the future?

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4) If you had a chance to help others, would you? If so, list ways you would like to assist others.

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