

Smile Power Scholarship Application

Personal Information

Name: _____ Today's Date: _____
Last M. First
Date of Birth: _____ Primary Phone #: _____ Secondary Phone #: _____
MM/DD/YYYY
Email address: _____ U.S. Citizen? (Circle one) Yes/No
Permanent Address: _____ City: _____ State: _____ ZIP: _____

Academic Information

High School: _____ Grade Level: _____ GPA: _____
College Selected: _____ Date Attending: _____
MM/YYYY

Honors/Achievements and Extracurricular Activities:

Orthodontic Information

Which Family Orthodontics office did you visit most often? (Circle one) Port Jervis / Warwick

When were you in treatment with Dr. Jung? _____ - _____
YYYY YYYY

How long were you in treatment? _____ Circle the appliance involved in your treatment:
Fixed braces Invisalign Phase I

Essay Submission Instructions:

Compose an expository essay of about 500-700 words describing the positive impact of orthodontic treatment in your life. Submit your essay along with this completed application in an email to gosmilepower@gmail.com. In the body of your email, include your name and state that you are applying for the 2024 Smile Power Scholarship. Final date for submissions is April 30, 2024. *Plagiarized or non-original work will lead to automatic disqualification.*