

# SMILES OF HOPE Scholarship Application\*

## SCHOLARSHIP QUALIFICATIONS

- Must be between ages 10 and 18 and have good oral hygiene.
- Must have resided in Jefferson or Marion 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 because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of times applicant has submitted an application to Smiles of Hope \_\_\_\_\_  
Applicant's Age \_\_\_\_\_ Applicant's Grade in School \_\_\_\_\_ Applicant's Birthdate \_\_\_\_\_

Does applicant qualify for Medicaid? \_\_\_\_\_  
Is applicant covered by dental insurance? (Specify company and policy # located on card) \_\_\_\_\_

## Contact Information:

Applicant Name \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
Parent Email \_\_\_\_\_  
Parent/Guardian Phone \_\_\_\_\_ 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)

**Mt. Vernon Rotary Club**  
Klein Braces Scholarship  
P.O. Box 2456  
Mt. Vernon, IL 62864

**Salem Rotary Club**  
Klein Braces Scholarship  
110 E. Rogers  
Salem, IL 62881

All applications, pictures, and supporting documents will NOT be returned and become property of Smiles of Hope and Klein 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  
915 W Main St Salem, IL 62881 (618)-548-4800  
www.kleinbraces.com

