2025 Smile Power Scholarship Application

Personal Information

Name:		Today's Date:		
Last, First M.		MM/DD/YY		
Date of Birth:	Primary Phone #: _		Secondary Phone #:	
MM	/DD/YYYY			
Email address:		_	U.S. Citizen? (Circle one) Yes / N	0
Permanent Addre	ss:	City:	State: ZIP:	
Academic In	formation			
High School:		Grade Level:	GPA:	
College Selected:		Date Attending:		
			MM/YYYY	
Honors/Achievem	ents and Extracurricular Activi	ties:		
Orthodontic	Information			
•	nodontics office did you visit materials and the second treatment with Dr. Jung?	•	one) Port Jervis / Warwick	
	YY	YYY YYYY		
	u in treatment?			
Circle the applianc	e involved in your treatment:	Fixed braces / Inv	risalign / Phase I	

Essay Submission Instructions:

Please write a 500-700 word essay sharing your personal experience with orthodontic treatment and how it has positively impacted your life. We are looking for a reflection on how orthodontics has affected you, whether it's related to your self-confidence, your health, or any other aspect of your life. Please avoid writing a general or academic description of orthodontics; we are interested in your unique story.

Submit your essay, along with this completed application, in an email to gosmilepower@gmail.com. In the body of your email, please include your name and mention that you are applying for the 2025 Smile Power Scholarship.

The deadline for submissions is **April 30, 2025**. *Essays that are plagiarized or not original will result in automatic disqualification*.