



Dr. Robert Sanborn, III – Founder & Orthodontic Provider

- 1) If you have not already had an initial consultation appointment with our office, please call Sanborn Orthodontics (252-727-0020) for a photograph appointment.
- 2) Include two letters of reference (typed and limit each to one page) from a school, church or community leader that knows the applicant.
- 3) Include completed applicant questionnaire and last year’s tax return, W-2 or copy of recent pay stub.
- 4) Also, include applicant’s most recent report card.

Applicant’s Name: _____ Age: _____ DOB: _____ Gender: _____

Applicant’s Mailing Address: _____

Total # of Children in Household: _____ School: _____ Grade Level: _____

Average Grades (A-F) this year: _____ Past 3 years: _____

Primary Dentist: _____ Date of Last Cleaning: _____

1. Parent/Guardian Name (print): _____

Name	Relationship to Applicant
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Home Phone: _____ Cell: _____ Email: _____

Employer: _____

Annual Income (gross): _____

Parent/Guardian Marital Status:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

2. Parent/Guardian Name (print): _____

Name	Relationship to Applicant
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Home phone: _____ Cell: _____ Email: _____

Employer: _____

Annual Income (gross): _____

Parent/Guardian Marital Status:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Combined Household Income: _____

Does the applicant qualify for government assistance? Yes or No

Is the applicant covered by dental insurance? Yes or No

If yes, specify company and policy #: Company: _____ Policy #: _____

First Reference Letter Name: _____

Phone: _____ Email: _____

Second Reference Letter Name: _____

Phone: _____ Email: _____

How did you hear about our Sanborn Smiles Scholarship Program?

All applications, pictures and supporting documents will **NOT** be returned and become property of Sanborn Smiles Scholarship Program.

X _____
Signature of person completing application

Date

**Please mail or drop off completed application form, applicant questionnaire,
Income forms and reference letters to:**
Sanborn Smiles Scholarship Program
167 Highway 24
Morehead City, NC 28557

For questions: 252-727-0020 or team@sanbornorthodontics.com



Please complete the questionnaire as thorough as possible. This section, if possible, is to be completed by the applicant themselves.

1. I am a deserving candidate for the Sanborn Smiles Scholarship because:

2. Tell us about yourself. What are your interest and hobbies? What extracurricular activities are you involved with? Do you participate in any community service or volunteer projects? What are you goals and aspirations for your future?

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

4. If you had a chance to do a favor for another young person(s), without any expectation of being reimbursed for your time, what would you do? Feel free to list ways you'd like to assist this young person(s).

5. At Sanborn Orthodontics, we are all about paying it forward. If you are chosen as one of our scholarship recipients, what will you do to pay it forward to others?

Use this space below to tell us anything else about yourself that we may not have asked on this questionnaire or application.