

Star Smiles for a Lifetime Application Requirements



What You Need to Include:

- **Two Recommendation Letters** -- Please send only two letters from someone like a teacher, principal, pastor, or counselor. Each letter should be one page, typed or neatly printed in black ink (no pencil) on letterhead.
- If our office asks, please send a **Dental Clearance Form** filled out by your child's dentist.
- The applicant must live in Union or Mecklenburg County or nearby areas served by our foundation.
- The applicant must be a **current student** with a **positive attitude**.
- The applicant must agree to **follow the treatment plan** and be committed to **attending all appointments on time**.
- The applicant should **have no cavities** and must agree to **visit the dentist every six months**.
- The applicant's family income should be no more than 200% of the poverty level (if your child qualifies for free or reduced-price lunch, this usually means they meet this requirement). However, if your family's income is above this level but you're facing special circumstances, please let us know—we're happy to review applications on a case-by-case basis.

Where to Send Your Application: Mail your completed application to:

**Star Orthodontics
Attn: Miranda/Star Smiles for a Lifetime
1326 Matthews Township Parkway
Matthews, NC 28105**

If you'd rather email the paper application, send it to Miranda@StarOrthoNC.com and include the applicant's name in the subject line.

Additional Information:

- Your application, letters, and supporting documents **will not** be returned and will become the property of Star Smiles for a Lifetime.
- Our Board of Directors reviews applications twice a year. Incomplete applications will not be considered.
- Although Dr. Dickens and Dr. Bode provide orthodontic care for scholarship recipients, they do not select recipients and are not part of the Board of Directors.