

Shamrock and Murphy's Smile Scholarship

YOUR CONTACT INFORMATION

Patient Name: _____ Home Address: _____

Parent Name: _____

Patient Birth Date: _____ Cell Phone: _____

Patient Age: _____ E-mail: _____

1. Have you previously applied to Smiles Change Lives and been denied? Yes No

2. If no, please visit www.smileschangelives.org and fill out an application before applying for a Smile Scholarship!

If yes, please explain the reason for denial: _____

3. How much assistance are you seeking? \$0-250 \$250-500 \$500-750 \$750+

4. Please describe why you should be considered for a Smile Scholarship: _____



APPLICATION INSTRUCTIONS

To apply*, please remit the following:

1. A copy of your letter from Smiles Change Lives showing the result of your application
2. This Smile Scholarship application fully completed
3. Mail both documents to:

Tamburrino Family Orthodontics
Attn: Smile Scholarship Application
688 Unionville Road, Suite #101
Kennett Square, PA 19348

Upon receipt, we will contact you to schedule a complimentary Smile Assessment so we can discuss your needs further!

**Receipt of application is not a guarantee of acceptance or guarantee of an award. Smile Scholarships will be provided on the basis of funds available as well as severity of financial and orthodontic need. Incomplete applications will not be accepted.*