

BLACK GIVES ← BACK

Black Orthodontics Scholarship Application

Black Orthodontics is proud to present our Black Gives Back Orthodontic Scholarship Program. We will be selecting one applicant every month to receive free orthodontic treatment with us! Please send your completed application with attached photos and essay to giveback@kblacksmiles.com

Qualifications:

Candidates applying must meet the following qualifications: cannot currently be wearing braces, have good oral hygiene and no unfilled cavities, have a moderate/severe need for braces, must follow and be compliant with the treatment plan set forth by Dr. Black, reside in Buncombe County, be 7-21 years of age and be willing to have your before and after orthodontic treatment photos on our website and social media accounts (Facebook + Instagram). Treatment will not include procedures that are needed from specialists such as tooth extractions. The patient will be responsible for covering this if needed.

Approval Process:

The selection process can take several months from the time you have submitted your application. Selected recipients will be notified via email and phone. The application process is competitive and not all qualified applicants will be guaranteed a scholarship.

Application Date: _____

Applicant's Personal Information:

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____ GENDER: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

DENTIST OFFICE: _____ DENTIST'S FIRST + LAST NAME: _____

DENTIST ADDRESS: _____

Applicant's Guardian Information (if under 18):

FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS (IF DIFFERENT FROM APPLICANTS): _____

RELATIONSHIP TO APPLICANT: _____ MARITAL STATUS: _____

SPOUSE/PARTNER'S NAME: _____ RELATIONSHIP TO CHILD: _____

Essay: Please submit at least 250 words on why you would like to receive free orthodontic treatment and how this would impact your life.

Photos: Please attach to your application email, the following photos of your teeth:



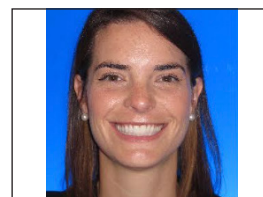
Close up of your teeth biting down with your back teeth together



Photo of your bottom teeth/arch



Photo of your upper teeth/arch



A frontal facial photo looking forward and smiling naturally