



# 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](mailto: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