

Stats 4 Smiles Application

Stats 4 Smiles™ provides limited orthodontic scholarships for free orthodontic care (Invisalign or braces) to children ages 11-19, who normally would not be able to afford treatment. Our committee selects scholarship recipients based on financial and orthodontic need.

How to Qualify

To be eligible for consideration, all applicants must:

- Reside within one hour driving distance of one of the Gorman & Bunch Orthodontics offices.
- Have family income that does not exceed 200% of the federal poverty level. (See below.) **PLEASE NOTE:** *Proof of income documentation required with application (i.e., W-2, Previous Year Income Tax Return, SSI Award Letter, Child Support, TANF Grant Letter, etc.)*
- Be between the ages of 11-19.
- Have good dental hygiene practices and received a dental hygiene checkup in the past 6 months.
- Have a functional and/or esthetic need for braces.
- Currently be enrolled in school with satisfactory performance.
- Exhibit a positive attitude.
- Follow and abide by treatment plan set forth by the orthodontist and attached contract.
- Demonstrate a willingness to be involved in the community through extracurricular activities and/or volunteer service.

Persons in Household	Federal Poverty Level Annual Income	138% FPL Annual Gross	200% FPL Annual Gross
1	\$12,060	\$16,642	\$24,280
2	\$16,240	\$22,411	\$32,920
3	\$20,420	\$28,179	\$41,560
4	\$24,600	\$33,948	\$50,200
5	\$28,780	\$39,716	\$58,840
6	\$32,960	\$45,484	\$67,480
7	\$37,140	\$51,253	\$76,120
8	\$41,320	\$57,021	\$84,760

How to Apply

Please send your completed application and proof of income documentation to us via one of the following ways:

- Email to Heather Edwards at heather@gormanbunch.com.
- Mail to our Westfield Office:
Gorman & Bunch Orthodontics
ATTN: Heather Edwards
16407 Southpark Drive
Westfield, IN 46074
- Drop-off at any of the seven Gorman & Bunch Orthodontics offices.

Next Steps

While we would love to transform everyone's smile, scholarships are limited and competitive, and so application does not guarantee selection. Potential candidates will be kept on file, and when our partner athletes achieve their goals, our Stats 4 Smiles Screening Committee will select a new scholarship recipient. If chosen, we will then be in touch with you promptly!

Please contact Heather Edwards at heather@gormanbunch.com with any questions you may have.

STATS 4 SMILES APPLICATION FORM

Today's Date:	Primary Dentist:	
APPLICANT INFORMATION		
Applicant's Last Name:	First Name:	Middle Name:
Home Address:	City:	Zip:
Home Phone:	Cell Phone:	
Applicant's DOB:	Applicant's Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Are you currently enrolled in school? <input type="checkbox"/> Y <input type="checkbox"/> N	What grade are you in?	What is your GPA?
If over the age of 16, what are applicant's plans over the next 3 years (moving, college, etc.)?		
How did you hear about Stats 4 Smiles?		
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Facebook	<input type="checkbox"/> Instagram
<input type="checkbox"/> Dentist / Orthodontist	<input type="checkbox"/> Television	<input type="checkbox"/> Radio
<input type="checkbox"/> Boys & Girls Club	<input type="checkbox"/> State Office	<input type="checkbox"/> CASA
		<input type="checkbox"/> Family / Friend
		<input type="checkbox"/> Newspaper
		<input type="checkbox"/> Other:
There are many reasons why people get braces. Please select the following that apply or add your own.		
<input type="checkbox"/> Discomfort while eating/drinking	<input type="checkbox"/> Jaw and/or mouth pain	
<input type="checkbox"/> I look down when talking	<input type="checkbox"/> Speech impediment	
<input type="checkbox"/> I get teased about my teeth	<input type="checkbox"/> I cover my mouth when I laugh	
<input type="checkbox"/> It's hard to clean my teeth well	<input type="checkbox"/> I'm embarrassed to smile	
<input type="checkbox"/> I have a hard time sleeping/sleep apnea	<input type="checkbox"/> Other:	
GUARDIAN INFORMATION		
Guardian's Last Name:	Guardian's First Name:	
Phone:	Email:	
Have any other children in the household been treated through Stats 4 Smiles? If so, whom?		
What is the best way to reach you? <input type="checkbox"/> Phone <input type="checkbox"/> Email		
APPLICANT ESSAY		
In 250 words or less, please tell us why you would like orthodontic treatment and how a scholarship would change your life.		

CONTRACT

If selected by the Stats 4 Smiles Board, the doctors and teams of Gorman & Bunch Orthodontics will provide treatment in their offices. By submitting and signing this application you agree to the following:

- 1) I agree that appointments will be at the discretion of Gorman & Bunch Orthodontics.
- 2) I understand that this can mean scheduling appointments during non-peak hours, for example during the school day.
- 3) I acknowledge that appointments must be kept in order to achieve an expeditious and desirable result, as well as to remain part of the Stats 4 Smiles program.
- 4) I also understand that keeping appointments is essential to treatment success and is a requirement of accepting care from Gorman & Bunch Orthodontics.
- 5) If I must reschedule appointments, I promise to give the practice at least 24-hour notice. If more than two appointments are missed or appointments are constantly rescheduled, it will be considered out of compliance and grounds for removal of braces and revocation of scholarship.
- 6) I understand that one retainer will be provided as a part of the scholarship award. Any replacements will not be covered through the Stats 4 Smiles Program through Gorman & Bunch Orthodontics.
- 7) I acknowledge these direct responsibilities as a patient:
 - a) Maintain excellent oral hygiene (tooth brushing, flossing). If unwilling to meet expectations due to medical and dental health risks, treatment will be discontinued.
 - b) Follow the rules for eating habits. This will greatly reduce breakage of appliances (i.e. braces), and it is necessary for satisfactory completion of treatment.
 - c) Cooperate. More than two (2) loose brackets may be deemed sufficient evidence that cooperation is not sufficient to meet minimal requirements for treatment. Other cooperation issues are with failure to cooperate with maintenance of auxiliaries including elastics, wearing head gear, and springs.
 - d) Attitude. You will be expected to maintain an exceptionally appreciative and respectful attitude once accepted into orthodontic treatment or any other aspect of treatment supported by Gorman & Bunch Orthodontics. Rude behavior or an inappreciative attitude is unacceptable.
- 8) ATTENTION: Failure to fulfill your responsibilities may result in removal of orthodontic appliances and discontinuation of treatment. Applicant Initials:
- 9) ATTENTION: Honesty is expected. Any misrepresentation, falsification or exclusion of income will be grounds for dismissal from the program. Future applications will not be considered. There are many deserving children who are in need of orthodontics; we are here to serve those in greatest need. Guardian's Initials:
- 10) Media Disclaimer: If your child is selected, you consent to Stats 4 Smiles use, without charge, of all photos, video and audio recordings of your child. Stats 4 Smiles may:
 - a) Copyright, broadcast, display, publish, re-publish and reproduce your child's image, voice and any statements made by him/her, in whole or in part, in any and all media forms; and
 - b) Assign your child a fictitious name or use his/her first name, likeness, video, photograph, voice, statements and biographic or other information concerning his/her participation with Stats 4 Smiles for fundraising or other promotional and advertising purposes. You and your child also agree to participate in surveys and case management during and after receiving treatment.

Legal Guardian Consent: I certify that I am the legal guardian of the child listed on this application. I have all rights and authority to make medical decisions for the child, that all information in this application is true and correct.

Applicant's Name (Printed First, MI, Last)	Applicant's Signature	Date
Guardian's Name (Printed First, MI, Last)	Guardian's Signature	Date
Guardian's Name (Printed First, MI, Last)	Guardian's Signature	Date