



## SMILE SCHOLARSHIP APPLICATION FORM

**1. Please answer all these questions as completely as possible. Remember that this information is confidential and will only be seen by the review committee. Use additional paper where necessary.**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County:  
\_\_\_\_\_

Phone:\_(    )\_\_\_\_\_ Email Address:  
\_\_\_\_\_

**2. Educational or training institution you will attend or are attending (include school name, address & advisor or or contact person):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Why did you choose this particular school?**

**4. Are you currently attending classes? Yes \_\_\_ No \_\_\_**

If yes, approximately what portion of your education or training has been completed?

Number of credit hours completed \_\_\_\_\_ out of \_\_\_\_\_  
total credit hours required

Or percent of program completed \_\_\_\_\_ (for trade or  
technical programs)

If no, enter the date you will begin your education or training? \_\_\_\_\_

**5. Please describe any other scholarships, grants or other financial aid you will be receiving. Also, include the amounts for this coming year only.**

**6. What is the anticipated cost for this year's education?**

Tuition \_\_\_\_\_ Room and Board \_\_\_\_\_ Books  
\_\_\_\_\_

Transportation \_\_\_\_\_ Other \_\_\_\_\_

**7. What is the dollar amount of the Estimated Family Contribution (EFC), as determined by your completed Free Application for Federal Student Aid (FAFSA) form?**

\_\_\_\_\_ Attach copy of Student Aid Report (SAR) from FAFSA.

**8. Are there any special circumstances which make you feel this determination is unreasonable? If so, please explain.**

**9. Describe any community, civic, religious or other extracurricular involvement in which you participate.**

**10. List the names, ages of biological or legally adopted children living with you and any extracurricular activities in which they participate.**

**11. Work history (enter the last four places of employment beginning with current employer)**

Dates	Employer Name & Address	Phone number & supervisor	Position	Reason for leaving

**12. Please answer the following questions. Each answer should be 250 words or less.**

- A. Please describe as well as you can, at this time, what your goals for the future are and how the education or training you have been receiving or will receive will help make those goals a reality. What obstacles must you overcome to achieve your goals?
  
- B. How does your educational plan and goals for the future affect you as an individual and as a mother?
  
- C. What are some of your outstanding qualities you feel contribute to your success as a single parent?
  
- D. Who/what has been the greatest help or support to you? Who/what has discouraged you the most?
  
- E. Is there any other information you believe is important to the committee's understanding of why you should be considered as a scholarship recipient? Please explain.

**13. Reference Letter**

Please provide a supporting letter from an individual (ex., professor, supervisor, clergy, child's teacher, civic organization leader) who has known you as a student, employee, co-worker, or in another capacity and can speak to your character, goals, parenting, etc. Please have your reference send their letter directly to the Scholarship Committee at the address below.

**MAIL YOUR COMPLETED APPLICATION AND ACKNOWLEDGEMENT LETTER BY APRIL 15, 2010 TO:**

Smile2Educate, Inc.  
 4275 Wayne Rd.  
 Mantua, OH 44255

**[INSERT LOGO HERE]**

## LETTER OF ACKNOWLEDGEMENT

By my signature below, I understand should I receive a SMILE Scholarship award my obligations are as follows:

I am required to attend the presentation ceremony.

I am required to attend the December SMILE Board meeting and present an update of my educational experience and progress toward my educational goals.

I understand that in order to receive disbursement of the second half of the grant, I am required to participate in one of the following:

- Volunteer for 3 hours at one SMILE-sponsored event
- Speak at the SMILE Comedy Night fundraising event
- Invite SMILE representatives to speak at an organization or event that I am involved as a way to promote SMILE

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Signature of Applicant

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Date Signed

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Print Name of Applicant