Dr. David and Mrs. Jennifer Jones are proud to provide three (3) $1,000 scholarships awarded to three high school seniors that are active patients of Small Smiles, LLC who demonstrate academic excellence, are active participants in athletics and volunteer in their community.

**How to Apply for Scholarship**

1. Complete the application form by typing/printing all form fields then sign and date. Additional paper may be used for all answers. Incomplete applications will not be accepted.

2. In 500 words or less, clearly explain how this scholarship will assist you in achieving your educational and career goals. Essays must be typed and submitted with completed application form.

3. Applicant must provide the most recent official high school transcript including the first semester grades of your senior year.

4. Applicant must provide proof of standardized college entrance exam scores (ACT and/or SAT).

5. Applicant must provide proof of community service as a written note by supervisor or acknowledgement note.

6. Applicant must provide proof of active participation in athletic activities (can be a copied photo, newspaper article, coaches note).

7. Applicant must provide two (2) letters of recommendation; one must be from a supervisor, faculty member or other individual knowledgeable with applicant's qualifications. Family members are ineligible.

Return completed application form to:
Small Smiles, LLC
Attn: Small Smiles, LLC Scholarship Program
1980 Three Farms Ave. Suite 108
Naperville, IL 60540

**Eligibility**

1. Current high school senior who is an active patient of Small Smiles, LLC.
2. Applicant must have taken the ACT or SAT examination with proof of performance.
3. Applicant must have proof of acceptance into a two- or four-year academic institution.

**Procedure/Evaluation**

This scholarship is a one-time cash award per recipient payable directly to the college or university in the fall of their freshman year. Funds must be applied toward tuition, room, and/or board. If the recipient withdraws from college, unused funds must be returned to Small Smiles, LLC. Applications will be evaluated for style and expression as well as content. Conciseness of written remarks is recommended. Incomplete applications will not be accepted. Selected members of the community who are not employees of Small Smiles, LLC will make the final selection. Employees or family members of Small Smiles, LLC are not eligible.

Applicant Name _____
Date of Birth _____
Home Address _____
Phone (  ) _____
Guardian Name_____
Guardian Address _____
Name of High School _____
Indicate Grade Point Average (GPA) on a 4.0 non-weighted scale _____ /4.0
SAT scores _____  ACT cumulative scores _____

List significant awards received that indicate the quality of your academic performance:

Describe your active participation in athletic activities:

List volunteer contributions to your community, school, other organizations or individuals. Include the number of hours of a one-time contribution. If weekly, include average number of hours per week. Include your degree of involvement.

Describe your career goals and why you have selected the college(s) and/or university(s) to which you have applied.

Indicate the college or university you are planning to attend.
If applications are still pending, indicate schools to which you have applied.

Intended Major/Minor

_____

In 500 words, clearly explain how this scholarship will assist you in achieving your educational and career goals. Essays must be typed and submitted with completed application form and two signed recommendations.

Please provide with your completed application form and typed essay, two (2) written and signed recommendations. These recommendations should be 100 words or less. At least ONE of the recommendations must be from a supervisor, faculty member or other individual knowledgeable with applicant's qualifications of academics, athletics or volunteerism. Please note family members are ineligible. In addition, recommendations not signed will not be accepted.

I have personally prepared this application and certify it accurately reflects my work.

_____

Signature of Applicant Date Signed

We have reviewed this application and believe the information provided is accurate.

_____

Signature of Parent or Guardian Date Signed