



Information required for the Parigini Smiles Scholarship!

- Clear photos of smile/bite (see photo example)
- Two letters of recommendation from non relatives (E.g. school counselor, dentist, coworker)
- Copy of most recent tax return
- We accept applications from ALL ages, but you MUST have all of your permanent teeth in
- A clean bill of health from your general dentist
- Fully completed application form
- Please attach a copy of qualification if you receive free or reduced school lunches

You can mail in or drop off your photos, completed application and letters of recommendation to our Minden location:

***Parigini Orthodontics
Attn: Parigini Smiles Scholarship
1702 County RD Suite G
Minden, NV 89423***

Or email requirements to: info@pariginiorthodontics.com

Feel free to contact our office with any questions you may have!

All documents obtained will NOT be returned.

Deadlines for applications:

October 1 - March 1 (Scholarship will be selected by April 1)

2nd
March 2 - August 1 (scholarship will be selected by September 1)
Parigini Smiles Scholarship Application

Name of Applicant _____ Age _____ Sex F M

Birthday _____ School _____ Grade _____

Home Address _____ City _____ State _____

Zip code _____ How long have you lived at this address? _____

Mailing address (if different from home address) _____

Primary Phone Number _____ Work Phone _____

Email _____

If applicant is a minor, please give parent/guardian's name _____

General Dentist _____

How did you hear about the Parigini Smiles Scholarship? _____

What are a few reasons you would like this opportunity to get braces? Please add any other reason not listed.

- **I get embarrassed to smile**
- **I have jaw/mouth pain**
- **Discomfort/hard to eat**
- **Speech Impediment**
- **I tend to cover my mouth while smiling due to my smile**
- **I get teased about my smile/teeth**
- **I have a hard time cleaning my teeth**
- **Other** _____

Parent Or Guardian Information

Parent/Guardian Name _____ Email _____

Home Address _____ Own () Rent ()

City _____ State _____ Zip _____ How long at this address _____

Primary Phone _____ Work Phone _____ Cell _____

Relationship to applicant _____ Occupation _____

Your Yearly Income _____

Parent/Guardian Name _____ Email _____

Home Address _____ Own () Rent ()

City _____ State _____ Zip _____ How long at this address _____

Primary Phone _____ Work Phone _____ Cell _____

Relationship to applicant _____ Occupation _____

Yearly income _____

Orthodontic treatment is a commitment and treatment can last up to several years. Are you able to make your child's treatment a priority? And what would be your means of transportations to get them to their appointments on time? _____

Do you and your family have any plans to move/relocate in the next 2 years? _____

What would it mean to you if your child was to receive this scholarship? _____

Applicant Questionnaire

What would it mean to you if you received our Parigini Smiles Scholarship & got the opportunity to have full orthodontic treatment? _____

We want to know a little about you! What do you like to do? What extracurricular activities do you participate in? What are some of your future goals? _____

Tell us a little about your family! How many people live with you, and who are they? _____

Why do you want braces? How do you feel about your smile & do you think getting braces will improve your life? _____

If you could help out a non profit organization what would it be & why? _____

Example Of Photos Needed To Apply



- Use a spoon to retract your cheeks & have someone help take the photos.
- Use your flash if needed, we want to see as many teeth as possible.
- While taking the center shot/bite photo, use two spoons for either side of your cheeks.
- While taking the upper and lower occlusal shots, use your clean fingers to hold your lips.cheeks out of the way.
- On the lower, if your tongue is in the way, try placing it up & back towards your throat to get the best picture.

Do your best! It may take a few tries to get the pictures right!