



BRAYCES Orthodontics, c/o Scholarships
P.O. Box 446, Somers Point, NJ 08244
272-9237
scholarships@brayces.com

BRAYCES Scholarships is a charitable program that focuses on giving back to our local community of families that may not be able to afford orthodontic treatment. Scholarships are limited and based on financial and orthodontic need. A selection committee of local leaders will carefully review each and every application. There is no cost to those chosen to receive a BRAYCES Scholarship.

Eligibility

- 18 years or younger
- Reside in South Jersey
- Have a functional and/or aesthetic need for braces
- Currently be enrolled in school
- Family income of no more than (200%) of the federal poverty level.
- Demonstrate a positive attitude
- Follow and abide by treatment plan contract (attached)
- Be willing to “pay it forward” by completing 40 hours of community service during treatment
- Submit 1 positive letter of recommendation from community leaders, teachers, coaches, etc.
- Submit 2 photos – 1 smiling headshot and 1 close-up of teeth with gums pulled back

Application Process:

1. Fill out entire application (online or print & mail)
2. Submit 1 letter of recommendation
3. Submit 2 Photos

Applicant Information

Last name: _____ First: _____ Middle: _____

Age: _____ Date of birth: _____ M/F Phone: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ GPA: _____

Guidance counselor: _____

Dentist: _____ Date of last visit: _____

Does the applicant require special medical care?

Yes No

If yes, please explain

Has the applicant received prior orthodontic care?

Yes No

If yes, please provide the following:

Doctor _____ Phone: _____ Services received: _____

Parent/Guardian Information

Parent/Guardian #1 Name:

Address: _____ City: _____ State: _____

Zip: _____

Phone: _____ Email: _____ Status: Single Married

Remarried

Parent/Guardian #2 Name:

Address: _____ City: _____ State: _____

Zip: _____

Phone: _____ Email: _____ Status: Single Married

Remarried

Household Information

Income Eligibility Guidelines	
Household Size	BRAYCES Maximum Annual Income (185% of Poverty Level)
1	\$21,775
2	\$29,471
3	\$37,167
4	\$44,863
5	\$52,559
6	\$60,255
7	\$67,951
8	\$75,647

How many people live in your household? Total: _____ Adults: _____ Children: _____

Primary Sources of Income

Name: _____ Occupation/Employer: _____

Hourly Wage/Salary: _____ Hours Worked Per Week: _____ Gross Income per Month: _____

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Hourly Wage/Salary: _____ Hours Worked Per Week: _____ Gross Income per Month: _____

Other Sources of Income

Please indicate if anyone in the household is currently receiving or will be receiving the following:

- Lump Sum Payment (Lawsuit/insurance, settlement, social security, SSI, SSDI, inheritance, lottery)?

Total Amount: _____ Frequency: _____

Insurance Information

Does the applicant receive Medicaid?

Yes No

Pay it Forward

At BRAYCES we believe that kindness is what makes the world a better place and we strive to give back whenever we can. If you were to receive a BRAYCES Scholarship let us know what organization in your community you would volunteer your 40 hours at and why it is important to you. Be sure it include what days you plan to volunteer as well.

Treatment Plan Contract

If selected from the pool of applicants by the selection committee of BRAYCES Scholarships to receive orthodontic treatment there are a few guidelines required for treatment. Throughout the selection process there is some professional guidance, if requested, but the decision is largely subjective and based on the completeness of the application, commentary, personal essay, character and the accompanying letters of recommendation submitted with your packet. Orthodontic treatment will be provided by board certified BRAYCES orthodontists.

By submitting and signing this application you understand and agree to the following:

- I agree that appointments will be at the discretion of BRAYCES Orthodontics.
- I understand that this can mean scheduling appointments during non-peak hours (i.e. mid-afternoon Monday through Thursday)
- I acknowledge that appointments must be kept in order to achieve an expeditious and desirable result.
- I understand that keeping appointments is essential to treatment success and is a requirement of accepting care from BRAYCES.
- I will give BRAYCES at least 24 hours' notice if I have to reschedule appointments.
- One retainer will be provided as a part of the scholarship award, any replacements will not be covered by BRAYCES.

Direct responsibilities of the patient:

- Maintain excellent oral hygiene (i.e. tooth brushing, flossing). If unwilling to meet expectations, due to medical and dental health risks treatment will be discontinued.
- Follow the rules for eating habits. This will greatly reduce breakage of appliances and it is necessary for satisfactory completion of treatment.
- We reserve the right to discontinue treatment at any point during the treatment process, including treatment noncompliance, broken appointments or excessive rescheduling, and disruptive or inappropriate behavior in the office.
- Failure to comply to your responsibilities may result in removal of orthodontic equipment and discontinuation of treatment
- 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.
- If your child is the chosen applicant, you consent to BRAYCES Scholarship use, without charge, of all photos, video and audio recordings of your child. BRAYCES Scholarships may, 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 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 BRAYCES Scholarships 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.

This scholarship is intended specifically for underserved and deserving children in the community. There are many children who need and deserve orthodontic treatment and while we do our best to serve those greatest in need, it is a competitive process and not everyone will receive a scholarship. Please take your time on your application; your time and effort will be taken into consideration when selecting applicants for scholarships.

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: _____