

Smile Oregon Founders Scholarship Application Checklist

Deadline: May 5, 2025

Submission: Email all materials to Erica at ericas@smileoregon.org

Required Attachments

1. Personal Information Document

Applicants must create a document containing the following information:

- **Full Name**
- **Mailing Address**
- **Email Address**
- **Phone Number**
- **Educational Institution** (High School or College)
- **Intended College/Trade School** (if applicable)

- **Response to the Scholarship Prompt:**
How have you demonstrated resilience and positively impacted your community in the face of challenges associated with your cleft or craniofacial condition?
 - Choose **one format** to submit your answer:
 - **Video Statement** (Include a link to your video in the email body, max 10 minutes)
OR
 - **Written Statement** (Typed in the Personal Information Document, max 2 pages)

2. High School Transcript (for graduating seniors) or **College Transcript** (for current undergraduate students)

3. Activities and Awards List (list of extracurricular involvement, leadership, and accomplishments)

4. Letters of Recommendation (2 Required)

- Letter #1** – From a school staff member, medical professional, or community leader
- Letter #2** – From a school staff member, medical professional, or community leader

5. Medical Documentation (Letter from Care Team OR Medical Form verifying a cleft or craniofacial condition)