

Free to Smile Foundation Scholarship Application

Please 1) complete and 2) save this form in your computer, then 3) upload the completed application as part of your overall volunteer application. Thank you for your interest in joining one of our trips.

CONTACT INFORMATION

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

TRIP SPECIFICS

TRIP DESTINATION YOU ARE INTERESTED IN _____

SELECT ROLE YOU WOULD PLAY (IF OTHER, EXPLAIN) _____

OTHER _____

PREVIOUS TRIPS WITH FREE TO SMILE

☐ YES

☐ NO

IF YES, LIST YEAR AND DESTINATION

year _____ destination _____ year _____ destination _____

year _____ destination _____ year _____ destination _____

year _____ destination _____ year _____ destination _____

PREVIOUS TRIPS WITH OTHER TEAMS

☐ YES

☐ NO

IF YES, LIST YEAR, DESTINATION AND ORGANIZATION'S NAME

year _____ destination _____ organization _____

year _____ destination _____ organization _____

year _____ destination _____ organization _____

WHY YOU ARE INTERESTED IN JOINING A FREE TO SMILE MISSION TRIP?

FREE TO SMILE FOUNDATION SCHOLARSHIP APPLICATION CONTINUED

FINANCIAL NEED INFORMATION

DESCRIBE YOUR FINANCIAL NEED IN AS MUCH DETAIL AS POSSIBLE

WHAT WAS YOUR ADJUSTED GROSS INCOME ON YOUR MOST RECENT TAX FILING?

DOES NOT RECEIVING THE SCHOLARSHIP PREVENT YOU FROM JOINING A TRIP? EXPLAIN

QUALIFICATIONS

HAVE YOU ATTACHED CV AND APPLICABLE LICENSES? ☐ YES

HAVE YOU ATTACHED A DESCRIPTION OF RELEVANT EXPERIENCE ☐ YES

PROVIDE THREE PROFESSIONAL REFERENCES

LAST NAME _____ FIRST NAME _____

RELATIONSHIP _____

PHONE _____ EMAIL _____

LAST NAME _____ FIRST NAME _____

RELATIONSHIP _____

PHONE _____ EMAIL _____

LAST NAME _____ FIRST NAME _____

RELATIONSHIP _____

PHONE _____ EMAIL _____

**FREE TO SMILE FOUNDATION
SCHOLARSHIP APPLICATION CONTINUED**

ADDITIONAL RELEVANT INFORMATION

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