Welcome to the Project SMILE Scholarship page! We're excited to offer the opportunity for children ages 8 to 14 to attend our Grow, Create, Inspire: A Summer Enrichment Experience, thanks to the generous donations of our sponsors.

We understand that applying for scholarships can be a daunting task, so we want to make it as easy as possible for parents and guardians to assist their children in the process. To help with this, we've created essay templates that applicants can use as a guide to write their own essays.

The essay templates cover three different topics, so applicants can choose the one that resonates with them the most. Simply copy and paste the template into a new document and fill in the blanks with your child's information and thoughts. We hope that this resource will be helpful in making the application process more accessible and less stressful for everyone involved.

If you have any questions about the scholarship application process or the summer enrichment program, please don't hesitate to reach out to us. We're here to support you and your child every step of the way. Thank you for your interest in Project SMILE and good luck with your application!

Peace & Smiles,

SaRita Dean, R.D.H.

Grow, Create, Inspire: A Summer Enrichment Experience

Project SMILE Scholarship Application

Personal Information:			
Full Name:			
Address:			_
City:	State:	Zip Code:	
Phone Number:Address:			
Date of Birth: Grade	Level: Na	me of School:	
	hment Experier	why you want to attend Project SMILE's Grow, nce and how you believe it will benefit you. lication.) Short Essay Required.	
Financial Information: Are you el	igible for free o	r reduced lunch? [Yes/No]	
Do you receive any other financiayes, please specify:	al assistance fo	or educational programs or activities? [Yes/No]	lf
Parent/Guardian Information:			
Full Name: Phone Number: Occupation: Annual Income:	E	ationship to Applicant: mployer:	
accurate to the best of my knowl	edge. If awarde	rmation provided on this application is true and ed the scholarship, I agree to participate in her Enrichment Experience and follow all	ł
Applicant Signature:		Date:	
Parent/Guardian Signature:		Date:	

I am writing to express my deep interest in the scholarship program offered by Project SMILE for the Grow, Create, Inspire: A Summer Enrichment Experience. As a parent/guardian, I am aware of how important it is to provide children with opportunities to learn and grow. I believe this summer enrichment program will provide my child with a unique and valuable experience that will help them develop new skills, make new friends, and gain confidence.
Name Parent/Guardian:
Child's Name:
Template 2:
Dear Scholarship Committee,
I am excited to apply for the scholarship program offered by Project SMILE for the Grow, Create, Inspire: A Summer Enrichment Experience. I believe this program will be a great fit for my child, who is eager to learn and explore new things. As a parent/guardian, I am committed to supporting my child's education and development, and I believe this summer enrichment program will help them build a strong foundation for future success.
Name Parent/Guardian:
Child's Name:
Template 3:
Dear Scholarship Committee,
I am writing to apply for the scholarship program offered by Project SMILE for the Grow, Create, Inspire: A Summer Enrichment Experience. As a parent/guardian, I am always looking for ways to give my child the best possible opportunities to learn and grow. I believe this summer enrichment program will provide my child with a fun and engaging way to learn new skills and expand their horizons. I am grateful for the opportunity to apply for this scholarship and hope my child will be able to participate in this wonderful program.

Name Parent/Guardian: _____

Child's Name:

Template 1:

Dear Scholarship Committee,