



## **Avant-Garde Orthodontics Give a Smile Back Scholarship Nomination Form**

To show appreciation for our amazing community and all of the support we have received, Avant-Garde Orthodontics would like to offer complimentary Orthodontic care to one special community member this year!

The nomination form is available for anyone who would like to recommend a deserving candidate. Anyone nominated for the scholarship will otherwise be required to submit the application form prior to being considered. Please submit the form to our office email ([office@avantgardeorthodontics.com](mailto:office@avantgardeorthodontics.com)).

Our team will read the submitted essays and select five possible candidates. The selected candidates will visit Avant-Garde Orthodontics office for a complimentary evaluation appointment including X-rays. During that appointment, Dr. Joo will answer any questions that parents/guardians may have regarding orthodontic treatment. Once all evaluations are completed, our team will fully review the records and essays. We will then select one recipient for the Avant-Garde Orthodontics Give a Smile Back Scholarship of 2021. The final nominee will be selected by March 1st, 2021, and an announcement will be made on our Facebook page (<https://www.facebook.com/avantgardeortho>). Make sure you follow us and like us in order to get the most updated information. Thank you for all your loving support, we look forward to serving you by creating the most beautiful smiles in the world in 2021!



Avant-Garde Orthodontics

DAHYE JOO, D.M.D., M.S.D.  
Practice Limited to Orthodontics

## Avant-Garde Orthodontics Give a Smile Back Scholarship Nomination Form

1. Tell us about the nominator (you)

Your Name: \_\_\_\_\_

Your Cellphone Number : \_\_\_\_\_

Your Relationship to Nominee : \_\_\_\_\_

Please write a short paragraph giving the reason for nominating this candidate and why the nominee should be selected for the Avant-Garde Orthodontics Give a Smile Back Scholarship.

(Feel free to write more on the second page, if needed)

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2. Tell me about the person you are nominating (Nominee)

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_ , Grade: \_\_\_\_\_ , Sex: (Male / Female)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month / Day / Year

Good Contact Number (or email) of the Nominee : \_\_\_\_\_

3. Describe the nominee's sports/extra-curricular involvement in school:

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