# Madisyn's Smile Scholarship

In honor of **Madisyn Baldwin**, DeHaan Orthodontics would like to announce a **Smile Scholarship** in her honor.

The winner of the scholarship will receive $6,000 to be used towards orthodontic treatment at DeHaan Orthodontics.

Entries for Madisyn's Smile Scholarship will be open from **January 15th** to **April 1st, 2024 at 6:00 pm.**

The winner will be announced on **May 17th, 2024**, Madisyn's birthday.

Art was a big part of Madisyn's life and was something that brought joy to her. Madisyn's Smile Scholarship will be an **art contest** where the entries will answer the question of **what brings you joy?**

**Eligibility requirements:**

- Art entries must be reflective of the question **"What brings you joy?"**
- Art entries can be any form of art on canvas (ex: paint, water color, drawing, etc.)
- Art entries must be on a canvas paper no smaller than 8"x10" and no larger than 11"x16".
- Applicants must be **17 years or younger** at time of entry.
- Applicants must be attending school or residing in **Oxford, Lake Orion, or Clarkston Community Schools** districts. Applicants may be attending a public or private school in those districts.
- Entries will be submitted to DeHaan Orthodontics at 922 S. Baldwin Rd.
- Full contest terms and conditions found at DeHaanOrtho.com/Madisyn

# Madisyn's Smile Scholarship Entry Form

All art entries must be reflective of the question **"what brings you joy?"**
Artwork must be dropped off to **922 S. Baldwin Rd, Clarkston, MI 48348**
during business hours by **April 1st at 6:00 pm.**
Office hours are Monday 10-6 pm, T/TH 9-5 pm, and W 8-4.

**First** and **Last** Name _____

**Date of Birth** _____   **Phone Number** _____

**Parent's Name** _____

**Permanent Mailing Address** _____
Number and Street

_____   _____   _____   _____
City                      State      Zip        Email Address

**School District and School Name** _____

**Terms and Conditions found at DeHaanOrtho.com/Madisyn**

I acknowledge that I have read and understood the terms and conditions stated above and agree to abide by them. My signature below indicates my acceptance of the terms and conditions found at *DeHaanOrtho.com/Madisyn*.

**Parent Signature** _____



**For Office Use Only**
**Submission Date:** _____
**ID Number:** _____