

# **Madisyn's Smile Scholarship**

## **Entry Form 2026**

All art entries must be reflective of the theme **“Capture a Joyful Moment from the Past”**  
Artwork must be dropped off to **922 S. Baldwin Rd, Clarkston, MI 48348**  
during business hours by **April 16<sup>th</sup>, 2026 at 5:00 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** \_\_\_\_\_

**Are you a patient of DeHaan Orthodontics?** \_\_\_\_\_

**How did you hear about Madisyn's Smile Scholarship?** \_\_\_\_\_

**Terms and Conditions found at [DeHaanOrtho.com/Madisyn](http://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:** \_\_\_\_\_