Ethan's Smile Foundation Scholarship

1. The deadline for scholarship applications to be received is **April 15th, 2026**.
2. Refer to the criteria below for eligibility requirements and required supporting documents. Incomplete applications will not be considered.
3. Scholarship recipients will be notified by May 15th, 2026.
4. Scholarship funds will be awarded directly to the college, university, or program upon evidence of registration in an accredited institution. This is a non-renewable scholarship.
5. If you have any questions about the application, email info@ethanssmile.org.

NOTE: This scholarship application was written by the Ethan's Smile Scholarship Committee.
We kindly ask that other organizations refrain from using/repurposing this application for their own purposes without written permission from Ethan's Smile Foundation.

Purpose: To support the dreams of applicants pursuing post-high education by providing scholarships of up to $2,500 in memory of Ethan Chapin.

Award Components: The number of scholarships and amounts awarded may vary. Recipients will be selected by the Ethan's Smile Scholarship Committee.

Eligibility Criteria:
1. Preference will be given to: 1) current high school seniors who attended Conway School in Mount Vernon, WA; 2) current high school seniors from Skagit Valley, WA; 3) current high school seniors who will be attending the University of Idaho; and 3) all other applicants will be considered.
2. Applicants must have a GPA of 3.0 or higher.
3. One of our 2026 scholarships is earmarked for a high school senior who will be attending Eastern Washington University.

Application Process:
Applicants must submit the following:
1. A completed application form (typed or handwritten by the candidate).
2. **One** letter of recommendation from your choice of high school teacher/mentor, administrator, counselor, employer, or an individual with significant knowledge of applicant's character. *(Please do not include more than one letter.)*
3. A recent high school transcript with cumulative grade point average.

Note: We want to hear **your** voice in your application. Please refrain from using ChatGPT.

The deadline for applications to be received is **April 15th, 2026**. Applications postmarked on or after this date will **not** be considered. *Emailed applications will not be considered.*

Please mail your completed application packet to:

Ethan's Smile Foundation
ATTN: Scholarship Committee
P.O. Box 1485
La Conner, WA 98257

Ethan's Smile Foundation
2026 Scholarship Application

Please type or clearly handwrite your answers. Illegible applications will not be considered.	
1.	Last Name: | First Name:
2.	Mailing Address Mailing Address: _____ City: _____ State: _____ Zip Code: _____
3.	Contact Information Phone Number: _____ | Email: _____
4.	 Date of Birth: Month: _____ Day: _____ Year: _____
5.	Current High School: | Number of years attended:
6.	Name and city of other high schools attended: | Number of years attended:
7.	I will be attending the following school/post-high program: Proof of acceptance or current student enrollment from the above school is **required prior to receipt of funds.**
8.	Are you the first member of your family to attend college? Yes _____ No _____
9.	 Grade Point Average (GPA): _____ (4.0 scale) Your most recent school transcript is required as proof of GPA.
10.	Contact information for parent or legal guardian. **Parent/Guardian #1:** Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number(s): _____
11.	Contact information for parent or legal guardian. **Parent/Guardian #2:** Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number(s): _____

12.	How many years did you attend Conway School? Mark "N/A" if you did not attend Conway School. ☐ N/A	
	List expenses you expect to incur per academic year. (Approximate figures are acceptable.)	
13.	A.	Tuition: $
	B.	Books: $
	C.	Room & Board: $
	D.	How do you plan to contribute financially to your own education?

Short Answer Directions:
Print your responses to the below questions.   **Responses should be no longer than 300 words (approximately ½ page) per question.**   **Your answers to #14-#15 should be on one page; your answers to #16-#17 should be on another page.**   *Please do **not** use ChatGPT; we want to hear *your* voice.*

14.	List any extra-curricular activities, community service activities, outside interests, and/or employment during high school.
15.	What have you done to make a difference in someone's life?
16.	Provide a real-life example of how you have demonstrated kindness and/or how you exemplify great character.
17.	If you had a free day, what would you do with your time?

18.	**Organizing Your Application for Submission:**		
	<u>DO NOT STAPLE</u> your application. You may bind your application with a paperclip if desired. **Your application may not exceed eight pages and should be submitted in this order:** (1) The two Scholarship Application pages, (2) one letter of recommendation, (3) evidence of school/program acceptance, (4) high school transcript, (5) short answer responses to #14 and #15 on a shared page, (6) short answer responses to #16 and #17 on a shared page, and (7) signed statement of accuracy. The following items must be included in order for the application to qualify for review by the scholarship committee. **Circle "YES" or "NO" to confirm you have included each item.**		
	YES	NO	**One letter of recommendation.** *(Please <u>do not</u> include more than one letter.)*
	YES	NO	**Proof of school/program acceptance.** Evidence of acceptance is required for receipt of funds. This can be submitted once received; mark as pending if you have not received it yet. ☐ Pending
	YES	NO	**Current high school transcript.** (Unofficial transcripts are acceptable.)
	YES	NO	**Responses to short answer questions** (#14-17).
	YES	NO	**Signed Statement of Accuracy.**

Ethan's Smile Foundation Scholarship Application
STATEMENT OF ACCURACY

I hereby affirm that all information provided by me is true and correct to the best of my knowledge.

I consent that my name, picture, and short bio may be used for any purpose deemed necessary to promote the Ethan's Smile Foundation's scholarship program, including but not limited to, the foundation's website and social media accounts, as well as future print media.

I understand that if chosen as a scholarship recipient, I must provide evidence of enrollment/registration at the post-secondary institution before scholarship funds will be awarded. It will be my responsibility to contact the Ethan's Smile Foundation with my institution's mailing address, as well as tuition deadlines, in order for funds to be distributed.

I understand that the deadline for the receipt of my application is **April 15th**, **2026**, and that applications postmarked on or after this date will **not** be considered. I understand that emailed applications will not be considered; it is my responsibility to mail a hardcopy of my completed application packet to: **Ethan's Smile Foundation, ATTN: Scholarship Committee, P.O. Box 1485, La Conner, WA 98257**

Name of scholarship applicant: _____

Signature of scholarship applicant: _____   Date: _____

Applicant's Instagram handle: @_____

Name of applicant's parent/legal guardian: _____

Signature of applicant's parent/legal guardian: _____   Date: _____

Thank you for applying!

Ethan's Smile Scholarship Committee