

Smile Service Award Application – Story Submission Guidelines

Your Story Matters

Thank you for applying to *Embracing Our Warriors*. As part of your application for free orthodontic care, we ask all applicants to complete one important and meaningful step: **share your story**.

Your story helps our Smile Service Awards Committee better understand your background and plays a vital role in the selection process. Because scholarships are limited, this personal insight ensures we provide support to those who need it most.

Why This Is Required

The application process is competitive, and the number of *Smile Service Awards* that we can offer each year is limited. However, we will do our best to assist as many deserving individuals as possible. The review committee considers each applicant's story as part of their selection, so your voice truly matters.

As a thank-you, applicants who are selected for the Smile Service Award *and* allow us to share their story will be entered into a quarterly drawing for a \$150 Waterpik Flosser—a great tool to support your new smile. Stories are shared on the *Embracing Our Warriors* website to help inspire others and show the impact of our program.

What to Include

You don't need to be a writer—just be yourself. You're welcome to answer as many of the following prompts as you'd like:

- Tell us a little about yourself, your family, and your background.
- What inspired you to join the military, and what branch did you serve in?
- What challenges have you faced since your service, and how have they impacted your daily life?
- How would orthodontic treatment impact your life—or your child's life?
- What changes do you hope to see—confidence, self-esteem, or physical comfort?
- What would you tell another veteran who might be thinking of applying?

How to Submit Your Story

Please choose one of the following methods:

- Write your story in a Word doc, PDF, or in the body of an email
- Submit a short video (up to 3 minutes)
- Request a Zoom call with an EOW team member—we'll help talk through your story.

Your Privacy Is Respected

Stories may be shared publicly to raise awareness, but we will never use your real name or photo without your written permission. If you'd like to remain anonymous, just let us know. You're also welcome to change names or identifying details in your story.

Please don't forget to sign and return the attached Release of Information form along with your story to info@embracingourwarriors.org.



ADULT – Photo, Video, Story Release Consent Form

Media Release Authorization

Embracing Our Warriors

To Whom It May Concern:

I hereby grant permission to **Embracing Our Warriors (EOW)** to share my story **anonymously** on the national EOW website and other promotional platforms to raise awareness. My real name or photo **will not** be used without my additional written consent.

By signing below, I acknowledge and agree to the terms stated above.

Name (Printed):	
Signature:	Date
	rriors to use photographs, video footage, and written my orthodontist, pictures of my teeth, and my personal naterials, and other promotional purposes.
I understand that:	
• I waive all rights to review or approve fi	inal content.
• These materials may be used publicly to	support the mission of Embracing Our Warriors.
• My name, telephone number, and address shared without my express permission.	ss will be kept for internal records only and will not be
By signing below, I acknowledge and agree to t	he terms stated above.
Name (Printed):	

Date _____