



## **Paul Elmstrand Smile Project**

The Paul Elmstrand Smile Project was developed to honor our hometown hero, Paul Elmstrand and to reward a person for their hard work and promote philanthropy in the community through a “pay it forward” approach.

Paul Elmstrand grew up on his family farm in North Branch. Paul was very active in the community. He was involved in 4-H, Joy Lutheran Church, cross-country running, Isanti County Explorers and ROC. He loved hunting, showing cattle, trap shooting and helping at Rod’s Berry Farm. Paul served the community of Burnsville as a Community Service Officer, later promoted to Burnsville Police Officer. He was also a member of the Burnsville Police Honor Guard. Paul’s life was cut short when he was killed in the line of duty on February 18, 2024, doing the job he loved, serving his community. Paul served well and honorably, always giving back wherever he could.

This Smile Project will not only give someone a beautiful smile that will last a lifetime but have the potential to create a positive wave of giving in the community, just like Paul did.

### **How it Works:**

Every year one person will be chosen to receive free orthodontic care in exchange for a 40-hour community service project (Smile Project) completed by the end of their first year in treatment. This project will be designed and fulfilled by the person themselves.

### **Examples of Projects Include:** (does not have to be dental related)

- Lending a helping hand to someone in need
- Organizing or planning an event
- Volunteering your time at various places (humane society, nursing home, hospitals, schools)
- Any other service-type project of your choice

### **Recipient Criteria:**

- Must have two letters of recommendation/reference from a non-relative
- Accepted orthodontic case (non-surgical, good oral hygiene, etc...)
- Present an outline of a 40-hour Smile Project along with your completed application



## **Smile Project Applicant Criteria**

1. Must be 11yrs of age or older.
2. Must have an aesthetic need for braces.
3. Must demonstrate a positive attitude.
4. Must agree to follow the treatment plan and demonstrate the ability and commitment to make all appointments on time.
5. Must have two positive recommendation/reference letters from a non-relative that know the applicant.
6. Must be willing during the treatment period to develop and pursue a Service Plan to “pay it forward” to help other people.



## Paul Elmstrand Smile Project Application Form

Applicant's name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Is applicant a full-time student: Y / N      Grade: \_\_\_\_\_

Name of school: \_\_\_\_\_

Number of times applicant has previously submitted an application to Smile Project: \_\_\_\_\_

How did you hear about Smile Project? \_\_\_\_\_

- 1) Include two 4x6 photos of applicant. One photo should be a head shot showing a full smile and the teeth; and one photo should show only the applicant's teeth.
- 2) Include two letters of reference/recommendation (typed and limited to one page each) from a non-relative.
- 3) Include complete answers for all the questions on the attached questionnaire.

Please mail or drop off completed form and all supporting documents to:

**Sun Dental & Orthodontics**  
**6041 Main Street, P.O. Box 40**  
**North Branch, MN 55056**

Note: Applications, pictures and supporting documents will **not** be returned, and will become the property of Sun Dental & Orthodontics.

Signature of patient, parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_



## APPLICANT QUESTIONNAIRE

- 1) Tell us about yourself. What do you like to do? What activities do you participate in? Do you do any community service or volunteer work? What are your goals and aspirations?

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- 2) Tell us about your family. How many people live with you, and who are they?

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- 3) How do you feel about your smile now? Why do you want braces? How do you think braces will improve your life now and in the future?

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- 4) If you had a chance to do a favor for another person or a group of people, without any expectation of being paid back, what would you do?

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## **SMILE PROJECT GUIDELINES**

1. Create a unique community service project reflecting your personal talents that directly benefit other people.
2. Mail or drop off a written **Project Proposal** to our office.  
Your project proposal must be approved prior to beginning treatment.
3. Your Project Proposal should include three sections: *Project Description*, *Project Timeline*, and *Project Details*
4. Plan to complete the 40 hours of community service in your **Project Proposal** within the first year of your treatment.
5. Submit a written **Project Report** when your project is complete.

### **Here's how to put your Project Proposal together:**

1. *Project Description*, Answer the following:
  - What is the project you are planning?
  - Why did you choose this form of service – how does it reflect your interests and talents?
  - Who will benefit from the project- how will they benefit?
2. *Project Timeline*:
  - Write a few sentences explaining how you will use your 40 hours to plan and execute your project.
3. *Project Details*:
  - This will be very specific to your project. You should describe the present condition you hope to improve. You could outline your

method, list your materials, and project how many helpers you'll have. You might have an estimated cost, and a way you're obtaining necessary funds or items needed.

- Are approvals needed – like from a school or church or community leader? If so, demonstrate you've received that approval with signatures. If appropriate include photos before the project begins. Providing before and after photos of your project can give a clear example of your effort.

When your Project is COMPLETE, here is how to put your **Project Report** together:

1. Include a record of your time like this:
  - Hours I spent planning the project \_\_\_\_\_
  - Hours I spent carrying out the project \_\_\_\_\_
  - Total hours I worked on the project \_\_\_\_\_
  - Total hours others assisted me on the project \_\_\_\_\_
2. Your **Project Report** could also list the type and cost of any materials or donations you used.
  - Materials required \_\_\_\_\_
  - Cost \_\_\_\_\_
  - Donations received from \_\_\_\_\_ in total amount of \_\_\_\_\_.
3. Your **Project Report** could include both before and after photos.
4. Your **Project Report** should answer the following questions:
  - In what ways did someone or some group of people benefit from the project?
  - Did the project follow the plan?
  - If the plan changes, explain why?
  - In what ways did you benefit from this experience?
  - In what ways did you demonstrate leadership?

Please feel free to call or email any questions you may have.  
651-674-4811/ Office@sundental.net

**Example Head and Mouth Photographs to Accompany Applications**

