



Application

Applicant Name: _____

Parents' Name: _____

Address: _____

Parent/guardian/applicant e-mail address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Does applicant qualify for Medicare/Medicaid? Yes / No Household income (per year): _____

Is applicant covered by dental insurance? (Specify company and policy #): _____

Parent/guardian place of employment: _____

Submitted by (circle one): Self Parent Teacher School Counselor Dentist Church Leader Other: _____

The applicant is an excellent candidate for Smile for a Lifetime because (please limit answer to space provided):

Of times applicant has submitted an application to Smile for a Lifetime _____ Applicant age: _____ Applicant sex: _____

Applicant grade: _____ School applicant attends: _____

- You must submit a 5X7 **head-shot** photo of applicant with **full smile and teeth showing**
- You must have two letters of recommendation (typed and limited to one page each)
(For example: dentist, hygienist, physician, friend, family member, teacher, pastor, etc.)

Please mail completed form with picture and recommendation letters to:

Smile for a Lifetime Foundation
Attn: Chaning Winegar
1508 E. Skyline Dr. Ste. 200
So. Ogden, UT 84405

For Questions: 801-627-0500
chaningw@webracem.com

Candidates chosen for screening will be asked to provide verification of family income which may include a copy of last year's tax return, W-2, or a copy of the most recent pay stubs insuring Smile for a Lifetime that financial requirements are met. All applications, pictures, and supporting documents will **not** be returned and become property of Smile for a Lifetime foundation.

Applicant Questionnaire

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

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

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

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