



Application

Applicant Name: _____

Parents' Name: _____

Address: _____

Parent/guardian/applicant e-mail address: _____

Responsible party phone numbers: Home: _____ Cell: _____

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

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

Multiple horizontal lines for writing the reason for the application.

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

Applicant grade: _____ Household income: _____

Parent/guardian place of employment: _____

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

You must submit a 5 X 7 head-shot photo of applicant with full smile and teeth showing.

You must have two letters of reference (typed and limit each to one page each).

You must provide verification of family income which can be last years tax return

W-2 or a copy of the most recent pay stubs.

Please mail completed form with picture and reference letters to: Smile for a Lifetime Foundation Attn: Debbie Morrison 3104 Creekside Village Dr. Suite 401 Kennesaw, Ga. 30144

For questions: orthozone@singletonortho.com

Candidates will be asked to provide verification of family income 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.