



Application Form

Applicant Name: _____ Age: _____ Gender: _____

Grade level: _____ Current GPA _____ School days missed (previous year) _____ Email _____

Address: _____

of times applicant has submitted an application to Smile for a Lifetime: _____ Name of school: _____

Parents'/Guardians' Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

1. Parent/Guardian Name (print): _____

Home phone: _____ Cell: _____ Email: _____

Employer: _____ Income (gross annual): _____

2. Parent/Guardian Name (print): _____

Home phone: _____ Cell: _____ Email: _____

Employer: _____ Income (gross annual): _____

Does applicant qualify for Medicaid or Federal/State assistance? Yes No

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

Does applicant have a regular dentist (If Y please include name)? _____ Frequency of dental visits _____

Reference letter 1

Name: _____ Phone: _____ Email: _____

Reference letter 2

Name: _____ Phone: _____ Email: _____

How did you hear about Smile for a Lifetime? _____

- 1) Include **3 photos** of applicant – 1. full facial from front (smiling) 2. full facial from side (profile) 3. close-up of teeth.
- 2) Include two letters of reference (typed and limit each to one page) from a school, church or community leader that knows the applicant.
- 3) Include completed applicant questionnaire.

NB: The board meets quarterly, and strongly considers only **complete applications** in making scholarship decisions.

Please mail completed application form, applicant questionnaire, pictures and reference letters to:

Smile for a Lifetime Foundation
81 N. Edgewood Drive
Hagerstown, MD 21740

For questions: 301-791-1770 or toobar@earthlink.net

Candidates chosen for screening may 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 applicant's pictures and supporting documents will **not** be returned and become property of Smile for a Lifetime Foundation.



Applicant Questionnaire

1) I am a deserving candidate for Smile for a Lifetime because:

2) 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?

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

4) 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?

5) 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?
