



Application Date: _____

Applicant Name: _____

Parents' Name: _____

Address: _____

Parent/guardian/applicant e-mail address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Does applicant qualify for Medicare/Medicaid/CHIP? Yes / No

Fathers annual income (per year): _____ Mothers annual Income (include Child support) _____

Father's place of employment: _____ Mother's place of employment _____

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

Is applicant willing to volunteer 20 hours of his\her time, if selected? _____

If so, list 2 places you would like to volunteer? 1. _____ 2. _____

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):

Multiple horizontal lines for writing the answer to the question above.

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

Applicant sex: _____

Applicant grade: _____ School applicant attends: _____ Accumulative GPA: _____

- You must submit Photos with **full smile and teeth showing**.
- You must provide verification of family income for the last two years. Please include the last two years of Taxes including all schedules. Must have both parent's taxes if not filed jointly, also include all child support.
- 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.)

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 applicants are subject to a credit check. All applications, pictures, and supporting documents will **not** be returned and become property of Smile for a Lifetime foundation.

Responsible party Signature: _____

Date: _____

Please mail completed form with picture and recommendation letters to:

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

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

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?



Helpful guidelines in applying for braces through Smile for a Lifetime Foundation:

- Must have a significant aesthetic need for braces.
- Must be between 11 and 18 years old.
- Must be a currently enrolled student.
- Must demonstrate a positive attitude.
- Must agree to follow the treatment plan, and demonstrate the ability and commitment to make all appointments on time.
- Must show involvement in the community and leadership in extracurricular activities
- Must include the last two years of taxes, including all schedules.
- **Letters of Recommendation are mandatory.** Please do not submit more than two letters, and limit each recommendation letter to one page each. Please type or print clearly with black ink (no pencil).
- Your attached photo of the applicant's teeth must be clear.
- All applicants are subject to a credit approval.
- Your application, letters of recommendation and photos will not be returned to you and will become property of Smile for a Lifetime Foundation.
- **The applicant must be a resident of the area served by this Chapter of the Foundation.**
- **Return your complete application, letters of recommendation, W2, and photo to:**

Smile for a Lifetime Foundation
Pobanz Orthodontics
Attn: Channing Winegar
1508 E Skyline Dr. #200
So. Ogden, UT 84005