Smile FOR A Lifetime Foundation
smiling faces through braces

- You must submit a 5 X 7 **head-shot** photo of applicant with **full smile and teeth showing**.
- You must have two letters of recommendation (typed and limit each to one page each). (For example: Dentist, hygienist, physician, friend, family member, teacher, pastor, etc.)

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: _____ Household income: _____

Parent/guardian place of employment: _____

Do applicants qualify for Medicaid/Medicare? _____ Is applicant covered by dental insurance? _____
(specify company and policy #:) _____

Contact information:

Applicant Name: _____

Parents' Name: _____

Address: _____

_____

Parent/guardian/applicant **e-mail** address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (circle one): Self Parent Pastor School Counselor Dentist Other_____

Please mail completed form with picture and recommendation letters to:

Smile for a Lifetime Foundation
Attn: Allyson Davis
456 Fury's Ferry Rd
Martinez, Ga. 30907

For questions: 706-836-4464
allyson@carterorthodontics.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.