



APPLICATION

Please attach a facial photo of applicant with full smile and teeth showing
Enclose up to two letters of reference attached to this form

The applicant is an excellent candidate for Smile for a Lifetime because:

Applicant age: _____ Sex: _____ Grade in school _____

Parent/guardian place of employment: _____

Applicant Name: _____

Parent/guardian names: _____

Address: _____

Phone: _____ Dental Insurance: _____

Household Income: _____ Medicaid/other help: _____

Dentist _____ Date of last Dental visit: _____

Transportation to Orthodontist - No _____ Yes _____ How _____

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

Please mail completed form with photo and reference letters to:
Smile for a Lifetime Foundation
1021 Schneider St SE
North Canton, Ohio 44720
Selected candidates may be asked to provide proof of financial status