-You must submit a 5X7 head shot photo of applicant with full smile and teeth showing. -You must have two letters of recommendation (typed and limited to one page each) from non-family members (For example: dentist, hygienist, school counselor or advisor, teacher, minister, etc). -You must provide the first 2 pages of last year's Federal Income Tax Return (Please note: While financial circumstances are a consideration, it is not the sole consideration. The board will also consider extenuating circumstances such as job loss, family illness or other hardships. Please feel free to elaborate on any circumstances you would like the board to consider.)
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 Date of Birth: Applicant Sex:
Applicant Grade:# in Household:Household Income:
Parent/Guardian Place of Employment:
Does applicant qualify for Medicaid/Medicare? Does applicant qualify for the free school lunch program?
Is applicant covered by dental/orthodontic insurance?If yes, specify Employer, Insurance Company and Policy #:
CONTACT INFORMATION: Applicant Name:
Parent's Name:
Address:
Parent/Guardian/Applicant e-mail address:
Responsible Party Phone Number:
Submitted by (circle one): Self Parent Pastor/Minister School Counselor/Teacher Dentist/Hygienist Other

Date of Application:

APPLICATION

Signature of Parent/Guardian:______
Please return this completed form with picture, letters of recommendation, and pages 1 and 2 of last year's Federal Income
Tax Return to:

Show Me Smiles Chapter, Smile for a Lifetime Foundation 1507 Heritage Hills Drive Washington, MO 63090 For Questions: 636-239-5151 amanda@waldemillerortho.com

All applications, pictures and supporting documents become property of Smile for a Lifetime foundation and will not be returned.