



**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:**

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**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**