



North Texas/Southern Oklahoma Chapter
Application Form

Please check the box indicating each additional piece of information is included.

- [] 5 x 7 Headshot
[] Two Letters of Reference
[] Applicant Questionnaire
[] Copy of Report Card or Transcript
[] Copy of Income

Applicant Information

Applicant's Name: Age: D/O/B: Gender: M/F
School Name: Current GPA: Average GPA:
Address:
Email: Telephone #:
Name of Dentist: Date of Last Visit:
Is the applicant of special needs or require special medical care: [] Yes [] No
If yes, please provide additional information:

Has the applicant received prior orthodontic care? [] Yes [] No If yes, please provide the name of the doctor and what services were rendered.
of times Applicant has submitted an application to Smile for a Lifetime

Parent/Guardian Information

1. Parent/Guardian Name: Address: Email: Phone: Employer: Work Phone: Average Income: [] week [] month [] year
2. Parent/Guardian Name: Address: Email: Phone: Employer: Work Phone: Average Income: [] week [] month [] year

Living in Household

Insurance

Does the applicant qualify for Medicaid or SoonerCare? [] Yes [] No
Is the applicant covered by dental insurance: [] Yes [] No If yes, please provide company name, telephone # and policy #.

Please mail completed form and other required information to:

Smile for a Lifetime Foundation
c/o Stokes Orthodontics
2921 North Heritage Parkway, Suite 200
Sherman, Texas 75092

Please direct all questions to: 903-892-4535 or stokeslm@cableone.net