Smile FOR A Lifetime Foundation
THE GIFT OF SMILES

- You must submit a 5x7 **head-shot** of applicant with **full smile and teeth showing**.
- You must have **two** letters of reference. Each letter must be typed and limited to one page.
- You must submit the first page of parent/guardian's income tax return from previous year to verify family income. Federal Poverty Guidelines must be met.
- Applicant must be 18 years of age or younger at time of application.
- Applicant must have a current cleaning and will be responsible for all general dentist care throughout treatment.

The section below must be completed by the person submitting the application.
The applicant is a deserving candidate for Smile for a Lifetime because (please limit answer to space provided):

_____
_____
_____
_____
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_____

# of times Applicant has submitted an application to Smile for a Lifetime _____ Applicant Age: _____ Applicant Sex: _____ Applicant Grade Level: _____

Applicant Accomplishments: _____

Annual Household Income: $_____ # Living in Household _____ Parent/Guardian Place of Employment: _____

Does applicant qualify for Medicaid? Yes No Is applicant covered by dental insurance? Yes No
If so, please specify company name, telephone number and policy # _____

Contact Information

Applicant Name: _____ Parent's Name: _____
Address: _____
Parent/Guardian/Applicant e-mail Address: _____
Responsible Party Home Phone: _____ Cell Phone: _____
Submitted by: Self Parent School Counselor Dentist Other _____

Please mail completed form with picture and reference letters 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
stokescs@cableone.net

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