



# Application Form

**Applicant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Grade level:** \_\_\_\_\_ **Current GPA** \_\_\_\_\_ **GPA average past 3 years** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Hobbies/Interests :** \_\_\_\_\_

**Parents’/Guardians’** Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**1. Parent/Guardian Name (print):** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Income (gross annual):** \_\_\_\_\_

**2. Parent/Guardian Name (print):** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Income (gross annual):** \_\_\_\_\_

Does applicant qualify for Medicaid or Federal/State assistance? Yes No

Is applicant covered by dental insurance? (specify company and policy #): \_\_\_\_\_

### Reference letter 1

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Reference letter 2

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

How did you hear about Smile for a Lifetime? \_\_\_\_\_

# of times applicant has submitted an application to Smile for a Lifetime: \_\_\_\_\_

- 1) Include a 5X7 **head-shot** photo of applicant with **full smile and teeth showing**.
- 2) Include two letters of reference (typed and limit each to one page) from a school, church or community leader that knows the applicant.
- 3) Include completed applicant questionnaire.

**Please mail completed application form, applicant questionnaire, 5X7 picture and reference letters to:**

Smile for a Lifetime Foundation  
81 N. Edgewood Drive  
Hagerstown, MD 21740

For questions: 301-791-1770 or [toothmanfrontdesk@yahoo.com](mailto:toothmanfrontdesk@yahoo.com)

Candidates chosen for screening may be asked to provide verification of family income which may include a copy of last year’s tax return, W-2, or a copy of the most recent pay stubs insuring Smile for a Lifetime that financial requirements are met. All applicant’s pictures and supporting documents will **not** be returned and become property of Smile for a Lifetime Foundation.



## Applicant Questionnaire

1) I am a deserving candidate for Smile for a Lifetime because:

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2) Tell us about yourself. What do you like to do? What extracurricular activities do you participate in? Do you do any community service or volunteer work? What are your goals and aspirations?

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3) Tell us about your family. How many people live with you, and who are they?

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4) Why do you want braces? What prevents you from getting braces now? How do you feel about your smile now? How do you think braces will improve your life now and in the future?

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5) If you had a chance to do a favor for another young person (or ideally three other young people), without any expectation of being paid back, what would you do? \_\_\_\_\_

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**\*\*Accepted applicants will be asked to 'pay it forward' by performing a community service project that makes other children smile. Details will be given on notification of being accepted for a S4L smile scholarship\*\***