

## Application



Applicant Name			Age	Sex: F ( ) M (
Birthdate	School			Grade
Home Address		City		Zip
Home Phone	Cell Phone		Email	
General Dentist		Dentis	t Phone	
How did you hear about	Smile for a Lifetime?			
	<u>PARENT OR GUA</u>	RDIAN	INFORMATION	<u>l</u>
<b>(1)</b> Name	Marital S	tatus	E-mail	
Home Address		_City		Zip
Home Phone	Work Phone		Cell Phone _	
Relationship to Applicant	(Mother) (Father) Guardian	n) Othe	er	
Employer	Occupation		Ann	ual Income
(2) Name	Marital S	itatus	E-mail	
Home Address		_City		Zip
Home Phone	Work Phone		Cell Phone _	
Relationship to Applicant	(Mother) (Father) Guardian	n) Othe	er	
Employer	Occupation		Ann	ual Income
	submitted by someone oth Relationship to applicant_		·	,
Home Phone	Work Phone		Cell Pho	one

## **APPLICANT TO ANSWER:**

Why do you deserve to be a candidate for Smile for a Lifetime? What is stopping you from getting bra think braces will change your future?	ces? How do you
Tell us about your family. How many people are in your family and describe your relationship with ther	n:
Are there any special circumstances or hardships you have endured that you would like us to be aware	e of?

## PLEASE INCLUDE:

- $\bullet$  A 5X7 photo of applicant with FULL SMILE and TEETH SHOWING
- Two letters of reference (typed and limited to one page) see the Guidelines
- A copy of last year's Tax Return and/or W-2's to verify income for all family wage earners.

Please mail completed application, reference letters, pictures and income verification to:

Starr & Dickens Orthodontics Attn: Smile for a Lifetime 1326 Matthews Township Parkway Matthews, NC 28105

For questions: call 704-845-0600 or e-mail <u>S4L@starrdickensortho.com</u>
All applicant's pictures and supporting documents will **NOT** be returned and become the property of Smile for a Lifetime Foundation.