



APPLICATION

- You must submit a 5 x 7 head-shot photo of applicant with full name and teeth showing.
• You must have two letters of reference (typed and limit each to one page).

The applicant is a deserving candidate for Smile of a Lifetime because (please limit answer to space provided):

Multiple horizontal lines for writing the reason for the application.

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

Applicant Age: (must be 7 or older) \_\_\_\_\_ Applicant Sex: \_\_\_\_\_ Applicant Grade Level: \_\_\_\_\_

Applicant Accomplishments: \_\_\_\_\_

Household Income: \_\_\_\_\_

Parent/Guardian Place of Employment: \_\_\_\_\_

Does Applicant qualify for Medi-Cal or Healthy Families Insurance? YES NO

Is Applicant covered by Dental Insurance? (specify company and policy #) \_\_\_\_\_

Contact Information:

Applicant Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Parent/Guardian/Applicant E-Mail Address: \_\_\_\_\_

Responsible Party Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Submitted by (circle one): Self Parent School Counselor Dentist Other \_\_\_\_\_

Please mail completed form with picture and reference letters to:

Smile for a Lifetime Foundation
German Burke Orthodontics
3300 Kemp Road • Beaver Creek, OH 45431
For questions: (937) 320-3685
classicsmiles@germanburke-ortho.com

Candidates chosen for screening will 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 applicants, pictures and supporting documents will not be returned and become property of Smile for a Lifetime Foundation.