



APPLICATION

Applicant Name: _____

Parent/Guardian Name(s): _____

Address: _____

Parent/Guardian/Applicant E-Mail: _____

Responsible Party Phone Numbers: Home _____ Cell _____

Submitted by (circle one): Self Parent/Guardian School Counselor Dentist Other _____

This Applicant is an excellent candidate for Smile for a Lifetime because (please limit answer to space provided):

Number of times Applicant has submitted application to Smile for a Lifetime _____

Applicant's Age _____ Sex _____ Grade _____ Household Income: _____

Parent/Guardian (s) Place (s) of Employment: _____

Is Applicant covered by dental insurance? (Company and policy number) _____

***Applicant should provide response to question on reverse side of this form

- Applicant must submit a 5 X 7 head-shot photo with full smile and teeth showing
- Applicant must have two letters of reference (typed and limited to one page each)

Please submit completed form (two sides), picture and reference letters to:

Smile for a Lifetime Foundation
Attn. J. Metti
P.O. Box 30361
Middleburg Heights, Ohio 44130

Questions: orthoresume@att.net

Candidates chosen for screening will be asked to provide verification of family income (including copy of prior year's tax return, W-2 or most recent pay stubs) to insure that Smile for a Lifetime's financial requirements are met. All applications, pictures and supporting documents become Smile for a Lifetime's property and will not be returned.

