



APPLICATION

- Please attach a facial photo of applicant with a full smile and teeth showing.
- 2 Letters of Recommendation are mandatory. Please type or print clearly.
- Your application, letters of recommendation and pictures will not be returned to you and will become property of Smile for a Lifetime Foundation.

Applicant to answer: I am a deserving candidate for Smile for a Lifetime because

Applicant Name: _____

Age: _____ Sex: _____ Grade Level: _____ School: _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian Place of Employment: _____

Household Income: _____

Dental Insurance? (specify company): _____

Dentist: _____ Date of last dental visit: _____

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
 Dickerson Orthodontics
 1200 W. Warner Rd., Suite 1
 Chandler, AZ 85224
 Attn: Suzy Parker
 suzyparker@smilemoreaz.com



Candidates chosen for screening will be asked to provide verification of family income.