- You must submit a 5X7 **head-shot** photo of applicant with **full smile and teeth showing.**
- You must have two letters of reference (typed and limit each to one page).

Applicant to answer: I am a deserving candidate for Smile for a Lifetime because (please limit answer to space provided).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

# of times applicant has submitted an application to Smile for a Lifetime:_____ Age:_____ Gender:_____ Grade level:_____

Applicant accomplishments:_____

Parent/guardian place of employment:_____Household income (per year):_____

School applicant attends :_____ Does applicant qualify for NYS Medicaid or Healthy Families insurance? Yes No

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

Applicant Name:_____ _____

Parent/Guardian Names:_____

Address:_____

Parents'/Guardians' Home phone:_____ Cell:_____ Email:_____

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

Contact info of person that submitted application Phone:_____Email:_____

Reference letter 1 Name:_____Phone:_____Email:_____

Reference letter 2 Name:_____Phone:_____Email:_____

Please mail completed form with picture and reference letters to:

Smile for a Lifetime Foundation

750 Pittsford Victor Road

Pittsford, NY 14534

For questions: 585-248-5100 or smile4life@get-it-straight.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.