



# Application Form

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of School: \_\_\_\_\_ # of times application submitted to Smile for a Lifetime: \_\_\_\_\_

Application submitted by (circle one): Self Parent Educator Dentist Other \_\_\_\_\_

Email address of submitter: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents/Guardian name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the applicant covered by dental insurance? (Specify company and policy#): \_\_\_\_\_

Parent/Guardian Employment: \_\_\_\_\_

Annual Household income: \_\_\_\_\_

(Be prepared to show a copy of last year's tax return, W-2 or a copy of the most recent pay stubs).

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1.) **Include two 5x7 photos of applicant.** One photo should be a head shot showing a full smile, and one photo should be a close up of the applicant's teeth.
- 2.) **Include two letters of reference** (typed and limit each to one page) from a school, church or community leader that knows the applicant.
- 3.) Include completed answers for all the questions on Applicant Questionnaire.

**Please mail completed application forms with pictures and reference letters to:**

Smile for a Lifetime Foundation  
1705 Vestavia Parkway  
Birmingham, AL 35216

For questions: 205-979-7072 or [S4L@sarverortho.com](mailto:S4L@sarverortho.com)

Candidates will be asked to provide verification of family income ensuring Smile for a Lifetime that financial requirements are met. All applications, pictures and supporting documents will **not** be returned and become property of Smile for a Lifetime Foundation.



## Applicant Questionnaire

1. Tell us about yourself. What are your interests and hobbies? What extracurricular activities are you involved in? Do you participate in any community service or volunteer work? What are your goals for the future?

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2. Why do you want braces? How do you feel about your smile now? How do you think braces will improve your life now and in the future?

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3. If you had an opportunity to help other people or the community without expectation of being paid back, what would you do?

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4. Would you like to share anything else about yourself with us?

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