



**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 page two of this form**

