

## **APPLICATION**

Applicant Name:
Parent/Guardian Name(s):
Address:
<del></del>
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)

<sup>\*\*\*</sup>Applicant should provide response to question on page two of this form

Applicant's Name:	
Smile for a Lifetime participants have a chance to make a difference in their world. or her new smile to make his or her community a better place?	In what ways will this Applicant use his

- 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 pages), picture and reference letters to:

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

You may also submit your completed packet or any questions to:  ${\it nrohs4l@gmail.com} \\$ 

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.