



Application

Applicant Name: _____ Date of Birth: _____

Parents' Name: _____ County:* _____

Address: _____

Parent/guardian/applicant **e-mail** address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (circle one): Self - Parent - School - Counselor – Dentist - Other _____

The applicant is an excellent 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 _____ Applicant age: _____ Applicant sex: _____

Applicant grade: _____ Household income: _____

Parent/guardian place of employment: _____

Do applicants qualify for Medicaid? _____ Is applicant covered by dental insurance? (specify company and policy #): _____

- You must submit a 5 X 7 **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 each).
- You must provide verification of family income, which can be last years tax return.
- W-2 or a copy of the most recent pay stubs.

Please mail completed form with picture, income verification and reference letters to:

Smile for a Lifetime Foundation
 417 Grand Park Dr., Suite #107
 Parkersburg, WV 26105
 For questions: 304.422-6477
 S4L@eckelsortho.com

Candidates will be asked to provide verification of family income insuring Smile for a Lifetime that financial requirements are being met. All applications, applicants' pictures and all supporting documents will **not** be returned and become the property of Smile for a Lifetime Foundation.*The Mid-Ohio Valley chapter is authorized to serve residents of Wood, Pleasants, Wirt, Washington, Morgan, and Noble Counties only.