



Smile For a Lifetime Application Form

Please check the box indicating each additional piece of information is included:

- General Dentist Form
- Two Letters of Reference
- Copy of Report Card or Transcript
- Headshot
- Applicant Questionnaire

Applicant Information

Applicant's Name: _____ Age: _____ DOB: _____ M F

School Name: _____ Current GPA: _____ Average GPA: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Name of Dentist: _____ Date of Last Visit: _____

Does the applicant have special needs or require special medical care? (Check One) Yes No

If yes, please provide additional information: _____

Has the applicant received prior orthodontic services? (Check One) Yes No

If yes, please name the Dr. who gave care and what services: _____

of times applicant applied to Smile for a Lifetime: _____

Parent/Guardian Information

1. Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____ # of Family Members: _____

2. Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____ # of Family Members: _____

Insurance:

Does the applicant qualify for CHIP – Children's Medicaid? (Check One) Yes No

Is the applicant covered by dental insurance: (Check One) Yes No

Insurance: _____ Policy#: _____

References:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____