- 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).

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: _____

_____ Is applicant covered by dental insurance? (specify company and policy #: _____

Contact information:

Applicant Name: _____

Parents' Name: _____

Address: _____

_____

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

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (circle one): Self Parent School Counselor Dentist Other_____

Please mail completed form with picture and reference letters to:

Smile for a Lifetime Foundation
Wentz Orthodontics
4013 84th
Lubbock, Texas 79423
Att. Lynne Duncan
Questions: Lynne@wentzorthodontics.com
806-794-8124

Candidates chosen for screening will be asked to provide verification of family income which may include a copy of last year's tax return, W-2, or a copy of the most recent pay stubs insuring Smile for a Lifetime that financial requirements are meet.
All applications, pictures and supporting documents will **not** be returned and become property of Smile for a Lifetime foundation.