



Application Form – Smile for a Lifetime Tallahassee

Applicant Name: _____

Parent's Name: _____

Address: _____

Parent/guardian/applicant email addresses: _____

Responsible party phone numbers: _____

Submitted by: Self Parent School Counselor Teacher Dentist Other: _____

Is applicant a full time student: Y N Grade: _____ GPA: _____ School: _____

Number of times applicant has previously submitted an application to Smile for a Lifetime: _____

Applicant age: _____ Gender: M F Applicant's Dentist: _____

Date of last dental appointment: _____ Date of last dental cleaning: _____

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

Total household income: _____ Will transportation for appointments be a problem? Y N

- Applicant must be a resident of Leon County
- Submit 2 photos: one head shot with full smile, one shot with teeth/smile only, both 5X7
- Include two letters of reference (typed and limited to one page) from a teacher, minister or community leader who knows the applicant
- Include a copy of the applicant's report card
- If you are a finalist, a family tax return may be requested
- Include complete answers to all the questions on the Applicant Questionnaire

Please email to S4L@stevensorthodontics.com or mail all materials to:

Smile for a Lifetime Foundation

5555 Roanoke Trail

Tallahassee, FL 32312

Applicant Questionnaire

1. Tell us about yourself. What do you like to do? What extracurricular activities do you participate in? Do you do any community service or volunteer work? What are your goals and aspirations?_____

2. Tell us about your family. How many people live with you and who are they?_____

3. Why do you want braces? What prevents you from getting braces now? How do you feel about your smile now? How do you think braces will improve your life now and in the future?_____

4. If you had a chance to do a favor for another young person without any expectation of being paid back, what would you do?_____
