



Application

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 _____

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 #: _____

***You must be a resident of Muscogee or Harris County Georgia**

***You must submit a 5 X 7 head-shot photo of applicant with full smile and teeth showing.**

***You must submit photo of the applicant's teeth – photo must be clear.**

***You must have two letters of reference (typed or clearly printed in ink - limit each to one page).**

***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 and reference letters to:

Smile for a Lifetime Foundation
Attn: Dottie Kincaid
4405 N. Stadium Drive, Suite B
Columbus, GA 31909

For questions: 706-507-0999
Dottie@serfforthodontics.com

Candidates will be asked to provide verification of family income insuring Smile for a Lifetime that financial requirements are met. All applications, pictures and supporting documents will **not** be returned and become property of Smile for a Lifetime Foundation.