



Application for Treatment

Applicant Name: _____

Date of Birth: _____ Grade Level: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

Phone: Home _____ Cell _____

Email: _____

Household Income: _____ / month

Does applicant have dental insurance coverage (please circle): Yes No

If yes, please specify company and policy number: _____

List applicants accomplishments (such as academic achievements or community service):

The applicant is a deserving candidate for Smile for a Lifetime because:

Application submitted by (circle one): Self Parent/Guardian School Counselor Dentist

Other (please list): _____

Have you previously submitted an application to Smile for a Lifetime (please circle):

Yes No

How did you hear about Smile for a Lifetime: Media School Website

Other (please list): _____

Application requests must include:

- Completed application form
- 5x7 head-shot photo of applicant with full smile and teeth showing
- Two (2) letters of reference (typed and limited to one page)
- Verification of family income which may include a copy of previous year's tax return, W-2 form, or a copy of the most recent pay stub ensuring Smile for a Lifetime financial requirements are met.

Mail application form, picture and reference letter to:

Smile for a Lifetime
Attn: Kim Sikora
5801 Washington Ave., Ste. 100
Racine, WI 53406-4057

Questions:

s4l@molesorthodontics.com
Or (262) 884-7700

Candidates chosen for screening will be asked to provide verification of family income which may include a copy of previous year's tax return, W-2 form, or a copy of the most recent pay stub ensuring Smile for a Lifetime financial requirements are met.

All application forms, pictures and reference letters become property of the Smile for a Lifetime Foundation and will **NOT** be returned.