



Guidelines:

- The applicant must be a resident of the United States and one of these areas: Texas Panhandle, Oklahoma Panhandle or Southwest Kansas.
- The applicant must demonstrate a positive attitude and a desire to have braces.
- The applicant must meet the financial qualifications. (In general, if the applicant qualifies for the free or reduced-price school lunch program, he/she is eligible.)
- The applicant must be willing to complete 10 hours of community service during or after treatment. (Community service project is applicant's choice.)
- Two Letters of Recommendation are required. Letters should not be more than one page. Do not submit more than two letters. Letters should be typed or printed clearly with black ink (no pencil).
- Two 5 x 7 photos of the applicant must be submitted.
 1. Head shot showing a full smile
 2. Photo showing only the applicant's teeth. Photo must be clear.
- Include a copy of applicant's last report card or school transcript.
- **Please mail completed form with pictures, reference letters & questionnaire to:**

Smile for a Lifetime
Harwell & Cook Orthodontics
Attn: Allison Mask
3420 Thornton Drive | Amarillo, TX 79109
Questions: allisonmask@harwellandcookortho.com or 806.353.3593

Applications that do not meet these criteria will not be voted on by our Board of Directors. Application, letters of reference and pictures will not be returned to you and will become property of Smile for a Lifetime Foundation. Candidates chosen for screening will be asked to provide verification of family income.



Applicant's Name: _____ Gender: _____ Date of Birth: _____

Grade: _____ Name of School: _____

Name of Parent/Guardian: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

How long have you lived in this city: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Employment: _____ E-Mail: _____

Is the Applicant covered by dental insurance? _____ Does Applicant qualify for government assistance: _____

Annual Household Income: _____ (Please be prepared to show a copy of last year's tax return, W-2s, or copies of recent pay stubs for all family wage earners.)

Submitted by (circle one): Self Parent Educator Dentist Other: _____

E-mail address for Submitter: _____ Phone: _____

The Applicant is an excellent candidate for a Smile for a Lifetime Orthodontic Scholarship because:

Multiple horizontal lines for writing a response to the question above.

How did you hear about the foundation: _____

Horizontal line for writing a response to the question above.

1. Tell us about yourself. What are your interest and hobbies? What extracurricular activities are you involved with? Do you participate in any community service or volunteer projects? What are you goals for your future?

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

3. Why do you want braces? How do you feel about your smile now? How do you think braces could improve you life now and in the future?

4. If you had a chance to help others, how would you help them?

5. Have you seen a dentist before? If so, when?
