



## **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-Ma                 | ail:                                   |  |
| Is the Applicant covered by dental insurance? Does   | Applicant qualify fo | r government assistance:               |  |
| Annual Household Income: (Please b or copies of recent pay stubs for all family wage earners.) | e prepared to show   | a copy of last year's tax return, W-2s |  |
| Submitted by (circle one): Self Parent Educat  | cor Dentist          | Other:                                 |  |
| E-mail address for Submitter:  | Phone:               |  |  |
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| How did you hear about the foundation:   |                      |  |  |





| 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? |  |  |
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| Tell us about your family. How many live with you, and who are they?  |  |  |
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| 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?   |  |  |
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| If you had a chance to help others, how would you help them?  |  |  |
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| Have you seen a dentist before? If so, when?  |  |  |
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