



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: \_\_\_\_\_

Do applicants qualify for CHIP/Medicaid?: \_\_\_\_\_

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

- You must submit a 5 X 7 head-shot photo of applicant with full smile and teeth showing.
You must have two letters of reference (typed and limit each to one page each).
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 of Northern Utah

Attn: Staci Wilson

780 S. 2000 W. Bldg. E304

Syracuse, UT 84075

For questions: 801-614-9090

Staci.colemanorthodontics@gmail.com

Candidates will be asked to provide verification of family income insuring Smile for a Lifetime that financial requirements are meet.

All applications, pictures and supporting documents will not be returned and become property of Smile for a Lifetime Foundation.