

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

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 App	licant age: Applicant sex:
Applicant grade: Household income:	
Parent/guardian place of employment:	
Does applicant qualify for Medicaid/Public AidIs applicant covered by dental insurance? (specify company and policy#):	
Contact information:	
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 Der	tist Other

Please email complete application, reference letters, and photograph to:

Deidre@childersbraces.com

Please direct any questions to the above address and we will reply promptly.