



Go the Extra Smile!

APPLICATION FORM

Please check the box indicating that each additional piece of information is included with this application.

- Applicant Questionnaire General Dentist Form Copy of Report Card or Transcript
- Headshot Two Letters of Reference

Applicant Information

Applicant's Name: _____ Age: _____ DOB: _____ M / F

School Name: _____ Current GPA: _____ Average GPA (past 3 yrs): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Information

Marital Status: (circle one) Single Married Separated Divorced Widowed

1. Parent/Guardian Name: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____ # of Family Members: _____

2. Parent/Guardian Name: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____ # of Family Members: _____

Insurance (circle Yes or No)

Does the applicant qualify for Medicaid? Yes No Does the applicant qualify for Denali Kid Care? Yes No

Is the applicant covered by dental insurance? Yes No

Insurance: _____ Policy #: _____

Reference Letters

1. Name _____ Phone: _____

2. Name _____ Phone: _____

How did you hear about Smile for a Lifetime? _____

- 1) Include a 5x7 head-shot photo of applicant with full smile and teeth showing.
- 2) Include two letters of reference (typed and limit each to one page) from a school, church or community leader that knows the
- 3) Include handwritten applicant questionnaire completed by applicant.

Please mail completed application form, applicant questionnaire, 5x7 photo and reference letters to:

Smile for a Lifetime Foundation
 c/o Murray Orthodontics, P.C.
 12350 Industry Way, Suite 205
 Anchorage, AK 99515

For questions: S4L@murrayorthodontics.com or 907-277-0502 (ask for Jennifer)

Candidates chosen for screening may be asked to provide verification of family income which might include a copy of last year's tax return, W-2, or a copy of the most recent pay stubs insuring Smile for a Lifetime that financial requirements are met. All applicant's photos and supporting documents will **NOT** be returned and will become property of Smile for a Lifetime Foundation.



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APPLICANT QUESTIONNAIRE

1) I am a deserving applicant for Smile for a Lifetime because:

2) Tell us about yourself. What do you like to do? What extracurricular activities do you participate in? Do you do any community service or volunteer work? What are your goals and aspirations?

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

4) Why do you want braces? What prevents you from getting braces now? How do you feel about your smile now? How do you think braces will improve your life now and in the future?

5) If you had a chance to do a favor for another young person without any expectation of being paid back, what would you do?



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GENERAL DENTIST FORM

This form is to be completed by the applicant's general dentist and/or hygienist
OR

[] If you do not have a general dentist please check this box and leave form blank

Date: _____

Applicant's Name: _____

Applicant's Date of Birth: _____

General Dentist: _____

Office Phone: _____

Date of last dental cleaning & exam: _____

Please list any restorative work that needs to be completed:

Please Check One:

- Patient has received a cleaning and is cavity free.
- Patient has received all restorative treatment including a cleaning with exam & no additional treatments are necessary.
- Patient has received cleaning with exam & restorative treatment has been scheduled.

Scheduled dates the restorative treatment is to be completed:

Signature of Dentist/Hygienist