



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 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 Eastern North Carolina

Attn: Melanie Pledger

608 McCarthy Blvd

New Bern, NC 28562

252-636-1900

info@smileforlifeenc.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.