



## Smile for a Lifetime - South Carolina, Low Country

### Application Form

Applicant's name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of parent of legal guardian: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Is applicant a full-time student: Y / N Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of School: \_\_\_\_\_

Number of times applicant has previously submitted an application for Smile for a Lifetime: \_\_\_\_\_

Total household income: \$ \_\_\_\_\_ (Please include a copy of the first page of the most recent 1040 form for all family wage earners.)

How did you hear about Smile for a Lifetime? \_\_\_\_\_

Please include the following with your application:

1. Two 5x7 photos of applicant. One photo should be a head shot showing a full smile and teeth; and one photo should show only the applicant's teeth.
2. Two letters of reference (typed and limited to one page each) from teachers or community leaders that know the applicant.
3. A copy of the applicant's last report card or school transcript.
4. Complete answers for all of the questions on the attached Applicant Questionnaire.
5. A copy of the first page of the most recent 1040 form for all family wage earners

Please mail completed form and all supporting documents to:

**Smile for a Lifetime - South Carolina, Low Country  
1065-E Johnnie Dodds Blvd.  
Mt. Pleasant, SC 29464**

Note: Applications, pictures and supporting documents will **not** be returned, and will become the property of Smile of a Lifetime - South Carolina, Low Country.

Signature of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_



## Applicant Questionnaire

1. 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?

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

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3. 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?

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4. If you had a chance to do a favor for another young person (or ideally three other young people), without any expectation of being paid back, what would you do?

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