- You must submit a 5x7 **head shot** of applicant with **full smile and teeth showing**.
- You must have two letters of reference. Each letter must be typed and limited to one page.

The applicant is a deserving candidate for Smile for a Lifetime because (please limit answer to space provided):_____

_____
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_____

# of times Applicant has submitted an application to Smile for a Lifetime _____ Applicant Age: _____ Applicant Sex: _____
Applicant Grade Level: _____
Applicant Accomplishments:

_____
Household Income: _____
Parent/Guardian Place of Employment: _____
Does applicant qualify for Medicaid? Yes No Is applicant covered by dental insurance? Yes No
If so, please specify company name, telephone number and policy #

_____

Contact Information

Applicant Name: _____
Parent's Name: _____
Address:_____
Parent/Guardian/Applicant e-mail Address:_____
Responsible Party Home Phone: _____
Cell Phone:_____
Submitted by: Self Parent School Counselor Dentist Other

Please mail completed form with picture and reference letters to:

Smile for a Lifetime Foundation
c/o Sawrie Orthodontics
4727 Brainerd Road
Macorlin Building
Chattanooga, TN 37411
Please direct all questions to: 423-624-8217
dsawrie@gmail.com

Candidates chosen for screening will be asked to provide verification of family income which may 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 applications, pictures and supporting documents will **not** be returned and become property of Smile for a Lifetime foundation.