



DATE: \_\_\_\_\_

\* You must submit **two 5 x 7, TOTAL CLEAR, FULL FACE** photos of applicant:  
1. Front face 2. Profile or side face. Both photos **must** show full smiles with upper and lower teeth **clearly** visible.

\* You must have two letters of reference that tells why the applicant deserves a scholarship. (One page written by your pastor, teacher, counselor, or other **non-family adult** is recommended.) Tip: Reference letters are a real opportunity for writer to give the selection board insight about the candidate. For example: Community service, exceptional efforts, outstanding qualities, character, musical abilities, etc.

The applicant **must** be a resident of Beaufort County, Jasper County, or Hampton County, 7 to 18 years old, attending school, and living at home with parent or legal guardian. **Application must be signed by a parent or legal guardian.**

\* **Applicant must** write in English on the following lines why they are an excellent candidate for Smile for a Lifetime scholarship. Parents may assist applicant if they are **under the age of 9**. (please limit answer to space provided and use dark ink):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED**

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

Applicant's Age \_\_\_ Gender \_\_\_ School and Grade \_\_\_\_\_ Annual Household Income \_\_\_\_\_

Parent's/Guardian's place of employment \_\_\_\_\_ Number of People in Household \_\_\_\_\_

If applicant is covered by dental insurance, please provide name of company and policy # \_\_\_\_\_

Does applicant qualify for Medicaid, Medicare? Yes \_\_\_ No \_\_\_ Reduced or Free Lunch Program? Yes \_\_\_ No \_\_\_

Applicant's Full Name (print) \_\_\_\_\_ Nickname \_\_\_\_\_

Parent's or Guardian's Name (print) \_\_\_\_\_

Full Address including zip code \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent's or Guardian's E-Mail address \_\_\_\_\_

Submitted by \_\_\_\_\_ (circle one): Applicant Parent Teacher Counselor Dentist Other \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ Print Name and Telephone Number: \_\_\_\_\_

Parent must sign if applicant is under 18 years old. \_\_\_\_\_

Please mail completed form with pictures and reference letters to:

**Smile for a Lifetime Foundation, P.O. Box 775, Port Royal, SC 29935**

Applicant must **not** already be in orthodontic treatment. 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. One winner per family per year.