



Sharing Smiles in Missouri Chapter

- You must submit a 5 X 7 head-shot photo of applicant with full smile and teeth showing.
• You must have two recommendation letters (typed and limit each to one page each).
• A copy of last year's tax return (page with line 39).
• Please have the candidate write a brief statement as to why they feel braces would benefit them (An additional page can be attached if you do not have enough room below):

Blank lines for writing a brief statement.

Applicant Name: _____ Date: _____

of times applicant has submitted an application to Smile for a Lifetime: ____ age: ____ gender: ____ grade ____

School applicant attends: _____

Parent/guardian place of employment: _____

Household income (per year): _____ Household size ____ Single parent household: Yes / No

We ask that you provide verification of family income by submitting a copy of last year's tax return insuring Smile for a Lifetime that financial requirements are met.

General dentist: _____ Date of last check up _____ Is there pending dental work: Yes / No

Do applicants qualify for Missouri-Medicaid? Yes / No

Is applicant covered by dental insurance? (Specify company and policy #)

Parent/Guardian Information

Parents/Guardians' Name: _____

Address: _____ Do you own/rent your home (circle one)

Parents/guardians e-mail address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (circle one): Self Parent School Counselor Dentist Other _____

Does applicant have transportation to appointments: Yes / No

Contact info of person that submitted application: Name: _____

Phone: _____ Email: _____

Recommendation letter 1 Name: _____ Phone: _____ Email: _____

Recommendation letter 2 Name: _____ Phone: _____ Email: _____

Please mail completed form with picture and letters of recommendation and to:

Smile for a Lifetime Foundation-Sharing Smiles in Missouri Chapter

Attn: S4L Coordinator

P.O. Box 1193

Lebanon, MO. 65536

For questions: 1-800-417-4746

Link: www.strykersmiles.com



Sharing Smiles in Missouri Chapter

Helpful guidelines in applying for braces through Smile for a Lifetime Foundation- *Sharing Smiles in Missouri Chapter*:

- **Letters of Recommendation are mandatory.** Please do not submit more than two letters and limit each reference letter to one page. Please type or print clearly with black ink (no pencil).
- Your attached picture of the applicant's teeth must be clear.
- Your application, letters of reference, pictures and copy of taxes will not be returned to you and will become property of Smile for a Lifetime Foundation- Sharing Smiles in Missouri Chapter. (It is helpful if you keep a copy for yourself in order to reapply if needed.)
- **The applicant must be a resident of the area this chapter of the foundation serves and between the ages of 10-18 years old.**
- **Return your completed application form to:**

Smile for a Lifetime Foundation-*Sharing Smiles in Missouri Chapter*

Attn: S4L coordinator

PO Box 1193

Lebanon, MO 65536

Contact for questions:

S4L@strykersmiles.com or 1-800-417-4746

Applications that do not meet the criteria will not be voted on by our Board of Directors. Our Board of Directors will meet 3 times per year to make their selections. Application deadlines are April 30th, Aug 31st, or Dec 31st. Applicants that are selected for a screening will be contacted by phone or mail. **Applicants that are not selected may reapply the next quarter.**