



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.**