



SMILE FOR A LIFETIME SCHOLARSHIP APPLICATION

You must submit a series of two photos:

1. A head-shot photo of the applicant with a full smile and teeth showing.
2. An up close photo of the applicant's mouth wide open and teeth showing.

You must have two letters of reference (these letters cannot be from a family member, they must be from a family friend, neighbor, teacher, etc.)

The four items above must be included with this completed application and Supplemental Questionnaire sheets.

APPLICANT AGE LIMIT IS 17

APPLICANT NAME: _____ DATE: _____

Applicant age: _____ Date of Birth: _____ Grade Level: _____ Gender: M F (Please circle)

Number in household: _____

CONTACT INFORMATION:

Parent/Guardian Name(s): _____

Street Address: _____

City/State/Zip: _____

Responsible Party Phone Numbers: Home: _____ Cell: _____

Parent/Guardian E-Mail Address: _____

Applicant E-Mail Address: _____

Household Income: _____

Does applicant qualify for Kansas Healthwave or Missouri Healthnet for Kids? _____ (if yes, please circle)

Is applicant covered by dental and/or orthodontic insurance? Y N (please circle)

If yes, please specify company and policy ID #: _____

Has applicant applied for Smile for a Lifetime in the last 12 months? Y N (please circle)

*Candidates chosen for screening will be asked to provide verification of family income with either a copy of last year's tax return, W2 form or a copy of at least two of the most recent pay stubs; insuring Smile for a Lifetime that financial requirements are met. All applicants, pictures and supporting documents will not be returned; thus becoming the property of the Smile for a Lifetime Foundation. Notification of the scholarships will be made immediately following a quarterly meeting of the Board of Directors (as the schedule indicates below). If you are not selected, the letters of reference and photo will be kept for one year, but a new application will need to be submitted. We encourage you to reapply.

APPLICATION DUE DATES:

Applications Received

January 1- March 31

April 1-June 30

July 1-September 30

October 1-December 31

Scholarship Selection

April

July

October

January

Please mail the completed forms with pictures and reference letters to:

Smile for a Lifetime Foundation
c/o Fry Orthodontic Specialists
Attention: Carrie or Lexi
11880 College Blvd., Ste. 201
Overland Park, KS 66210
For Questions: 913-469-9191
s4l@fryorthodontics.com



Application Questionnaire

Applicant Questionnaire must be hand written and answered by applicant only. Questionnaires that are submitted and completed by someone other than the applicant will be disqualified.

1) What would it mean to you if you received orthodontic treatment through Smile For A Lifetime? Why do you feel you are a deserving candidate for Smile For A Lifetime?

2) 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?

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

4) 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.

5) If you had a chance to do a favor for another person/organization, without any expectation of being paid back, what would you do and why?

If you need more space, please add up to one additional sheet of paper. *Thank you.*