



Smile for a Lifetime of Greater Denver
Application Form

Applicant's name: Age: DOB: Gender:
Name of parent or legal guardian: Relationship to applicant:
Street Address: City: Zip:
Home phone number: Mobile number: e-mail address:
Is applicant a full-time student: Y / N Grade: GPA:
Name of School:
Number of times applicant has previously submitted an application to Smile for a Lifetime:
Total household income: \$ (Please include a copy of last year's tax return, W-2s, or a copy of the most recent pay stubs for all family wage earners.)

- 1) Include two 5 X 7 photos of applicant. One photo should be a head shot showing a full smile and the teeth; and one photo should show only the applicant's teeth.
2) Include two letters of reference (typed and limited to one page each) from a teacher or community leader that knows the applicant.
3) Include a copy of applicant's last report card or school transcript.
4) Include complete answers for all of the questions on the attached Applicant Questionnaire.

Please mail completed form and all supporting documents to:

Smile for a Lifetime of Greater Denver
P.O. Box 3948
Littleton, CO 80161-3948

Note: Applications, pictures and supporting documents will not be returned, and will become the property of Smile for a Lifetime of Greater Denver.

Signature of parent or legal guardian:
Date:

Applicant Questionnaire

- 1) 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?

- 2) Tell us about your family. How many people live with you, and who are they?

- 3) 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?

- 4) If you had a chance to do a favor for another young person (or ideally three other young people), without any expectation of being paid back, what would you do?
