



SMILE FOR A LIFETIME SCHOLARSHIP APPLICATION

You must submit a head-shot photo of the applicant with a full smile 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 three items above must be included with this completed application and Supplemental Questionnaire sheets.

Applicant age limit is 17

APPLICANT NAME: _____ **DATE:** _____

Applicant age: ____ 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? (Specify company and policy ID #)

Has applicant applied in the last 12 months? _____

*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 applications, 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:

<u>Applications Received</u>	<u>Scholarship Selection</u>
January 1- March 31	April
April 1- June 30	July
July 1 – September 30	October
October 1- December 31	January

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

Smile for a Lifetime Foundation
c/o Fry Orthodontic Specialists
Attention: Shaulene
11940 Quivira Road
Overland Park KS 66213
For Questions: 913-469-9191
shaulene@fryorthodontics.com



Applicant Questionnaire

Applicant Questionnaire must be handwritten 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?

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.