



Please check the box indicating each additional piece of information is included:

- A completed General Dentist Form
- A 5x7 head shot photo of applicant with full smile and teeth showing.
- Two letters of recommendation – typed and limited to one page each. *Letters of recommendation must be written by professionals – teachers, coaches, dentists, counselors, pastors, etc.*

**Applicant Information:**

Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
# of times applicant applied to Smile for a Lifetime: \_\_\_\_\_ Does applicant qualify for ARKids A? \_\_\_\_\_  
Is applicant covered by dental insurance? (specify company and id#) \_\_\_\_\_  
Has applicant ever been evaluated or treated by an orthodontist? \_\_\_\_\_ Orthodontist Name: \_\_\_\_\_

**Parent(s)/Guardian Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Annual household income: \_\_\_\_\_ # of household members: \_\_\_\_\_  
Employer(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Submitted by (circle one): Self Parent School Counselor Dentist Other \_\_\_\_\_

Please explain why this applicant is deserving of orthodontic care through the Smile for a Lifetime program. If applicant is applying on behalf of his/herself, please describe what it would mean to you if you received orthodontic treatment through Smile for a Lifetime. (May attach one additional page if needed)

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Please mail completed form with General Dentist form, photo, and recommendation letters to:

Smile for a Lifetime Foundation  
PO Box 858  
Bentonville, AR 72712  
Questions: [s4l.nwa@gmail.com](mailto:s4l.nwa@gmail.com)

**Candidates chosen for screening will be asked to provide verification of family income which may include a copy of last year's tax return, W-2, or a copy of the most recent pay stubs to ensure Smile for a Lifetime financial requirements are met.**

All applications, photos and supporting documents will **NOT** be returned and become property of Smile for a Lifetime foundation.