



Application

Applicant Name: _____

Parents' Name: _____

Address: _____

Parent/guardian/applicant e-mail address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (circle one): Self Parent School Counselor Dentist

Other _____

The applicant is an excellent candidate for Smile for a Lifetime because (please limit answer to space provided):

of times applicant has submitted an application to Smile for a Lifetime _____ Applicant age: _____

Applicant sex: _____ Applicant grade: _____ Household income: _____

Parent/guardian place of employment: _____

Do applicants qualify for Medicaid?: _____

Is applicant covered by dental insurance? (specify company and policy #): _____

- You must submit a 5 X 7 head-shot photo of applicant with full smile and teeth showing.
You must have two letters of reference (typed and limit each to one page each).
You must provide verification of family income which can be last years tax return
W-2 or a copy of the most recent pay stubs.

Please mail completed form with picture and reference letters to:

Smile for a Lifetime of Eastern North Carolina

Attn: Melanie Pledger

608 McCarthy Blvd

New Bern, NC 28562

252-636-1900

info@smileforlifeenc.com

Candidates will be asked to provide verification of family income insuring Smile for a Lifetime that financial requirements are meet.

All applications, pictures and supporting documents will not be returned and become property of Smile for a Lifetime Foundation.