



“Smile for a Lifetime” Application

Applicant’s Name: _____

Age: _____ Grade: _____

Name of Parent/Guardian: _____

Relationship to Applicant: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail for parent/guardian: _____

Parent/Guardian Employment: _____

Is the Applicant is covered by dental insurance? _____ Company _____

Please describe if Applicant qualifies for government assistance: _____

Annual Household Income: _____ Please be prepared to show a copy of last year’s tax return, W-2s, or a copy of recent pay stubs for all family wage earners.

Submitted by (circle one): Self Parent Educator Dentist Other _____

E-mail address for Submitter: _____ Phone for Submitter: _____

Please explain why the Applicant is an excellent candidate for a Smile for a Lifetime Orthodontic Scholarship. Please keep in mind that candidates will be evaluated based on overall needs (financial, emotional, etc.) as well as on potential benefits that he/she may experience from elective orthodontic treatment (continue on back if needed):

An initial application packet will include the following:
• You must submit a 5 x 7 photo of the applicant. The photo should be a headshot showing a full smile – teeth must be showing.
• You must have two letters of reference (typed and limited to one page each).
• This two page application form must be completed
• The photos, two letters of reference, and the two page application must be mailed to the address listed at the bottom of this page.

Please mail or hand deliver completed form with pictures, reference letters & questionnaire to:

Smile for a Lifetime
Bandein Orthodontics
4602 Beckley Road, Battle Creek, MI 49015
Questions: SmileForALifetime@BandeinOrthodontics.com
Applications, pictures and supporting documents will NOT be returned and become property of Smile for a Lifetime foundation.
Candidates chosen for screening might be asked to provide verification of family income.

Guidelines for this application & Criteria for applicants:

- Must be a resident of Calhoun County
- Preference will be given to candidates between 11–18 years of age
- In general, if the applicant qualifies for the free and reduced school lunch program, he or she will meet the financial qualifications of Smile for a Lifetime of Battle Creek & Marshall
- Must have a significant esthetic need for orthodontic treatment
- Must be a currently enrolled student
- Must have a positive attitude
- Must agree to follow the treatment plan, and demonstrate the ability and commitment to make all appointments on time

