



The McCormick Orthodontics Chapter of the Smile For A Lifetime Foundation



Application

Applicant Name: _____

Parents' Name: _____

Address: _____

Parent/guardian/applicant email address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (circle one): Self Parent School Counselor Other: _____

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

Multiple horizontal lines for writing the reason for the application.

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: _____

Name of Dentist: _____ Date of last checkup: _____

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 a picture and reference letters to: Smile for a Lifetime Foundation McCormick Orthodontics Chapter Attn: Carolyn Przegon 2215 Baltimore Pike Oxford, PA 19363

For questions: 888-333-3757 Email: Info@McCormickOrthodontics.com

Candidates will be asked to provide verification of family income insuring Smile for a Lifetime that financial requirements are met. All applications, pictures and supporting documents will NOT be returned and become property of Smile for a Lifetime Foundation.