



Applicant Name _____ Age _____ Sex: F () M ()
Birthdate _____ School _____ Grade _____
Home Address _____
City _____ State _____ Zip _____ How long at this address? _____
Home Phone _____ Cell Phone _____ Email _____
If applicant is a minor, give custodial parent's name or guardian's name _____
Applicant's hobbies _____
General Dentist _____ Dentist Phone _____
How did you hear about Smile for a Lifetime? _____

PARENT OR GUARDIAN INFORMATION

(1) Name _____ Email _____
Home Address _____ Own () Rent ()
City _____ State _____ Zip _____ How long at this address? _____
Home Phone _____ Work Phone _____ Cell Phone _____
Relationship to Applicant _____
Occupation _____ Your income (per year) _____
(2) Name _____ Email _____
Home Address _____ Own () Rent ()
City _____ State _____ Zip _____ How long at this address? _____
Home Phone _____ Work Phone _____ Cell Phone _____
Relationship to Applicant _____
Occupation _____ Your income (per year) _____

ESSAYS

FOR APPLICANT TO ANSWER:

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?__

5) 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? _____

6) Do you have a reliable method of transportation to get to and from appointments? _____

7) Do you have all of your adult teeth? _____

Have you done the following? PLEASE INCLUDE:

- Two 5x7 photos- FULL SMILE and TEETH SHOWING
- Two letters of recommendation (from non-relatives)
 - Copy of last report card or school transcript
- If you are eligible for reduced lunch, please include a copy of qualification

Please mail completed application form with pictures and letters of recommendation to:

**Carson City Orthodontics
Attn: Smile for a Lifetime Carson City
3790 Hwy 395 S. #406, Carson City, NV 89705**

Only applicants who are chosen as finalists may be required to submit the following: A copy of last year's W-2 form or a copy of the most recent pay stubs for all family wage earners.

For questions: e-mail office@carsoncityortho.com

All pictures and supporting documents will NOT be returned and become the property of Smile for a Lifetime.

Deadlines, Applications received:

October 1 - March 15 (Scholarship selection April)

April 1 - September 15 (Scholarship selection October)

If applicants that were not chosen wish to be reconsidered at following scholarship selections, please fill out an application supplement form each year.