



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 Medi-Cal? _____

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 year's 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 Foundation -Escondido

Attn: Jeff Ciccarella

950 E. Pennsylvania Ave Suite A

Escondido, Ca. 92025

For questions: 760-490-0330

Jeffc52@gmail.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.