Smile FOR A Lifetime Foundation
smiling faces through braces

ORTHODONTICS
BY BRADFORD

- 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).

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: _____

Contact information:

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_____

Please mail completed form with picture and reference letters to:

Smile for a Lifetime Foundation
11380 Prosperity Farms Rd, Suite 117
Palm Beach Gardens, Fl 33410

For questions: 561-694-3006
Smile4life@orthobybradford.com

Candidates chosen for screening will be asked to provide verification of family income which may include a copy of last year's tax return, W-2, or a copy of the most recent pay stubs 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.