



Smile for a Lifetime Foundation
Dr. Robert Sanborn, III – Founder & Orthodontic Provider

- 1) Include a 5X7 **head-shot** photo of applicant with **full smile and teeth showing**.
- 2) Include two letters of reference (typed and limit each to one page) from a school, church or community leader that knows the applicant.
- 3) Include completed applicant questionnaire.*

Please mail completed application form, applicant questionnaire, 5X7 picture and reference letters to:

Smile for a Lifetime Foundation

Attn: Krystal Pittman

4251-F Arendell St.

Morehead City, NC 28557

For questions: 252-727-0020 or krystal@sanbornorthodontics.com

*Candidates chosen for screening may be asked to provide verification of family income which may include a copy of last year's tax return, W-2s, or copy of most recent pay stubs insuring Smile for a Lifetime that financial requirements are met.

Applicant's Name: _____ Age: _____ Gender: _____

Grade level: _____ Current GPA _____ GPA average past 3 years _____ Email _____

Address: _____

times applicant has submitted application to Smile for a Lifetime: _____ Name of school: _____

Parents'/Guardians Marital Status:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Parents'/Guardians' Marital Status:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

1. Parent/Guardian Name (print): _____

Home phone: _____ Cell: _____ Email: _____

Employer: _____ Annual Household Income* (gross): _____

2. Parent/Guardian Name (print): _____

Home phone: _____ Cell: _____ Email: _____

Employer: _____ Annual Household Income* (gross): _____

Does applicant qualify for government assistance? Yes or No

Is applicant covered by dental insurance? (specify company and policy #): _____

Reference letter 1

Name: _____ Phone: _____ Email: _____

Reference letter 2

Name: _____ Phone: _____ Email: _____

How did you hear about Smile for a Lifetime? _____



1. I am a deserving candidate for Smile For A Lifetime because:

2. Tell us about yourself. What are your interest and hobbies? What extracurricular activities are you involved with? Do you participate in any community service or volunteer projects? What are you goals and aspirations for your future?

3. Why do you want braces? How do you feel about your smile now? How do you think braces will improve your life now and in the future?

4. If you had a chance to do a favor for another young person(s), without any expectation of being reimbursed for your time, what would you do? Feel free to list ways you'd like to assist this young person(s).
