



***Smile for a Lifetime Application/ "Forget-Me-Not Smiles"
Fairbanks, Alaska***

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

Name of Parent or legal guardian: _____ Relationship to applicant: _____

Applicant's Address: _____ City: _____

Home phone: _____ Cell phone: _____ Wrk. Phone: _____ email: _____

How did you hear about Smiles for a Lifetime? _____

Is applicant a full-time student? Y/ N Grade: _____ GPA: _____

Name of School: _____

Number of times applicant has previously applied to Smiles for a Lifetime: _____

Total household income: \$ _____ (please include a copy of last year's tax return or W-2 for all family wage earners.)

Application Document Checklist:

1. **Include two 5x7 photos of applicant.** One photo should be a head shot showing a full smile, and one photo should be a close up of the applicant's teeth.
2. **Include two letters of reference** (typed and limited to one page each please) from a teacher or community leader that knows the applicant well.
3. Include a copy of the applicant's **most recent report card or school transcript**
4. Include complete answers for all the questions on the attached applicant questionnaire.
5. **Applicant must be 18 years old or younger** and reside in the Tanana Valley area (Fairbanks, North Pole, Salcha, Delta, Healy, Anderson, Denali, Cantwell.)

Please mail or bring this completed form and supporting documents to:

Smiles for a Lifetime/ Forget Me Not Smiles
701 University Ave
Fairbanks, AK 99709

Note: Applications, pictures and supporting documents will **not** be returned, and will become property of Smile for a Lifetime, Fairbanks Alaska.

Signature of parent or legal guardian: _____ Date: _____

Applicant Questionnaire

1. Tell us about yourself. What are your hobbies? What extracurricular activities do you participate in? Do you do any volunteer work or community service projects? What are your goals?
2. Tell us about your family. How many people live you with you and who are they?
3. Why do want braces? What prevents you from getting braces now? How do you feel about your smile? How do you think braces will improve your life now and in the future?
4. If you had the opportunity to help other people or the community, without any expectation of being paid back, what would you do?
5. Would you like to share anything else about yourself with us?