



OBX Smile For A Lifetime Foundation

William H. Claypoole, DMD
2917 S Croatan Hwy, MP 11 - PO Box 70
Nags Head, NC 27959
252-480-6656
www.thesmilemaker.org

APPLICATION FORM & QUESTIONNAIRE

- You must submit two 5 x 7 photos of applicant (one **head-shot** photo with a **full smile and teeth showing** and one photo should show only a **clear close-up of the applicant's teeth**).
- You must have two letters of reference (typed and limit each to one page).
- Include a copy of applicant's last report card or school transcript.
- Include a full copy of the past 2 years of tax returns including W-2s and a copy of the most recent pay stubs for all family wage earners to insure Smile for a Lifetime that financial requirements are met.

Applicant to answer: (please limit answer to space provided)

I am a deserving candidate for Smile for a Lifetime because

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?

Tell us about your family. How many people live with you and who are they? _____

of times applicant has submitted an application to Smile for a Lifetime ___ Age ___ Gender ___ Grade Level ___

Applicant Name _____ School Applicant attends _____

Applicant accomplishments

Parent/guardian names, relationship, address, how long at this address and place of employment

Household income *(per year) _____

*Please note all sources of income including child support, unemployment, Federal or State assistance programs

Does applicant qualify for Medicaid? Yes No Does applicant qualify for Health Choice Insurance? Yes No

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

Parents'/Guardians' Home Phone _____ Cell _____ E-mail _____

Submitted by (circle one) Self Parent Guardian School Counselor Dentist Other _____

Contact info of person that submitted application Name _____

Phone _____ E-mail _____ How did you hear about S4L? _____

Reference letter 1

Name _____ Phone _____ E-mail _____

Reference letter 2

Name _____ Phone _____ E-mail _____

Return your completed application to:

Smile for a Lifetime
Attn: New Applicant
PO Box 70
Nags Head, NC 27959

For Questions: OBXS4L@thesmilemaker.org Or 252-480-6656

Applications that do not meet these criteria will not be voted on by our Board of Directors. Our Board of Directors will meet quarterly to make their selections. Your application, letters of reference, pictures and supporting documents will not be returned to you and will become the property of Smile for a Lifetime Foundation. I certify the information provided is accurate and truthful. I understand falsification of information or income may disqualify the applicant from participation in the Smile for a Lifetime program.

Signature of parent or legal guardian _____ Date _____