



Smile For A Lifetime Application

Applicant Name: _____ Age: _____ Date: _____

Address: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Submitted by: (Circle) Self Parent Teacher Dentist Name: _____

The applicant is an excellent candidate for Smile for a Lifetime because:

Parent place of employment: _____ Household yearly income: _____

You must provide verification of family income. (last year's tax return, W-2 or copy of most recent pay stub)

Does applicant qualify for WV Medicaid? (Circle) YES NO (If "YES", requires referral from family dentist)

Is applicant covered under dental insurance? (Circle) YES NO Company: _____

You must provide a 5 x 7 head-shot photo with full smile showing teeth.

Please make sure the following items accompany application:

___ 5 x 7 photo

These items will **not** be returned

___ 2 letters of reference

___ last year's tax return/W-2/pay stub

Please mail to:



Smile for a Lifetime Foundation
203 Brookshire Lane
Beckley, WV 25801
Attention: Cyndi
S4L@theperfectsmile.com
304-255-0549

