



Application

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 _____

School applicant attends: _____ Applicants Grade: _____

Applicant accomplishments: _____

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: _____

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

- 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).
- You must provide verification of family income which can be last years tax return
- W-2 or a copy of the most recent pay stubs.

Please mail completed form with picture and reference letters to:

Smile for a Lifetime Foundation
C/O Kenneth Shimizu, DDS, MSD
Attn: Theresa Raymond
877 W. Fremont Ave, Ste G-1
Sunnyvale, Ca 94087

For questions: 408-738-1314
info@shimizu-orthodontics.com

Candidates will be asked to provide verification of family income 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.