



### Helpful Guidelines in applying for braces through Smile for a Lifetime Foundation:

- **Letters of Recommendation are mandatory.** Please do not submit more than two letters and limit each recommendation letter to one page. Please type or print clearly with back in (no pencil).
- Your attached picture of the applicant's teeth must be clear.
- Your application, letters of recommendation and pictures will not be returned to you and will become property of Smile for a Lifetime Foundation.
- **The applicant must be a resident of the area this chapter of the foundation serves** (Southwest Chicagoland which includes Cook and Will Counties).
- **Return your completed application, letters of recommendation and photo to:**

Smile for a Lifetime Foundation  
Booth Orthodontics  
Attn: Linda Lundquist  
12635 W. 143<sup>rd</sup> Street  
Homer Glen, IL 60491

For Questions: 708-301-0005  
[Linlunsmiles@aol.com](mailto:Linlunsmiles@aol.com)

Applications that do not meet these criteria will not be voted on by our Board of Directors. Our Board of Directors will meet biannually to make their selections.



- You must submit a 5 X 7 **head-shot** photo of applicant with **full smile and teeth showing**.
- You must have two letters of recommendation (typed and limit each to one page each). (For example: Dentist, hygienist, physician, friend, family member, teacher, pastor, etc.)

The applicant is an excellent candidate for Smile for a Lifetime because (please limit answer to space provided):

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# 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: \_\_\_\_\_

Do applicants qualify for Medicaid/Medicare? \_\_\_\_\_ Is applicant covered by dental insurance? \_\_\_\_\_  
(specify company and policy #: ) \_\_\_\_\_

**Contact information:**

Applicant Name: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/guardian/applicant e-mail address: \_\_\_\_\_

Responsible party phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Submitted by (circle one): Self Parent Pastor School Counselor Dentist Other \_\_\_\_\_

**Please mail completed form with picture and recommendation letters to:**

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Attn: Linda Lundquist  
12635 W. 143rd St.  
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Candidates chosen for screening will be asked to provide verification of family income which may include a copy of last year's tax return, W-2, or a copy of the most recent pay stubs insuring Smile for a Lifetime that financial requirements are met. All applications, pictures and supporting documents will **not** be returned and become property of Smile for a Lifetime foundation.

## Applicant Questionnaire

- 1) 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?

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- 2) Tell us about your family. How many people live with you, and who are they?

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- 3) Why do you want braces? What prevents you from getting braces now? How do you feel about your smile now? How do you think braces will improve your life now and in the future?

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- 4) If you had a chance to do a favor for another young person (or ideally three other young people), without any expectation of being paid back, what would you do?

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