Application - Smile 4 a Lifetime - South Jersey
Applicant Information

Please check the box indicating each additional piece of information is included:

[ ] General Dentist Form
[ ] Headshot
[ ] Two Letters of Reference
[ ] Applicant Questionnaire
[ ] Most recent Report Card or Transcript

Applicant Information

Applicant's Name: _____ Age: _____ DOB: _____ M/F
School Name: _____ Current GPA: _____ Last year's GPA: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____
Name of Dentist: _____ Date of Last Visit: _____
Is the applicant of special needs or require special medical care? (Circle One) [ ] Yes [ ] No
If yes, please provide additional information: _____

Has the applicant received prior orthodontic serves? (Circle One) [ ] Yes [ ] No
If yes, please name the Dr who gave care and what services: _____

# of times applicant applied to Smile for a Lifetime: _____

Parent/Guardian Information

1. Parent/Guardian Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____
Employer: _____ Work Phone: _____
Average Income: _____ # of Family Members: _____
2. Parent/Guardian Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____
Employer: _____ Work Phone: _____
Average Income: _____ # of Family Members: _____

Insurance:

Does the applicant qualify for Medicaid? Yes No
Is the applicant covered by dental insurance? Yes No

Insurance: _____ Policy #: _____

References:

1. Name _____ Phone: _____

1. Name Phone:

How did you hear about Smile for a Lifetime (please circle or write in your answer)?

Internet Search	Family	Friend	Dentist/Orthodontist	Boys & Girls Club	State Office	Other: **(Please Specify)**
Television	Magazine	Radio	Newspaper	CASA	Internet Ad	

Are you a member of the Boys & Girls Club of America?	YES	NO	Do you have a CASA representative?	YES	NO

Additional Questions

Applicant – these questions must be answered by you alone. *Answers that are written by someone other than you will not be accepted. Please hand-write your answer to each question. Typical answers are 5 - 7 sentences in length. You may use an additional sheet of paper if needed.*

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? Take your time to answer these questions. Feel free to use an additional sheet of paper. The more you tell us about yourself, the more thoroughly we can consider your application.

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

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 orthodontic treatment will affect your life now and in the future?

4) If you had a chance to do a good deed for any person or organization, what would you do? Who would you do it for, and why?

Please submit your completed application to:

Smile 4 A Lifetime – South Jersey
c/o Segal and Iyer Orthodontics
501 Rt. 73 S. #202
Marlton, NJ 08053

If you have questions about the program or the application process, please write to the address above or contact us via email: S4Lsouthjersey@gmail.com