

## Eligibility Criteria / Application Requirements

**Eligibility Criteria.** Only applicants meeting all of the following conditions are eligible for the program:

- Applicant must be a resident of Burlington or Camden counties in New Jersey.
- Applicant must be at least 11 years old, and no more than 17 years old, at the time of application.
- Applicant must be a currently enrolled student, with a GPA of at least 2.0 (a “C” average) over the past 12 months.
- Applicant must have a significant aesthetic need for braces.
- Applicant’s household income must fall below the federal poverty guideline, or applicant must be able to demonstrate extraordinary financial hardship.

**Application Requirements.** Applicants must submit all of the following:

- **A completed application.**
- **A completed applicant questionnaire.** Be sure to answer all four questions. Responses must be legible, and the answers written only by the applicant.
- **Two Letters of Recommendation.** Please do not submit more than two letters, and limit each reference letter to one page each. Please type or print clearly with black ink (no pencil). Letters of Recommendation may be written by friends, teachers, coaches, counselors, employers, dentists, etc. Recommendation letters should not be from family members.
- A clear **5x7 head shot with full smile & teeth showing.** This picture will not be returned and will become property of Smile for a Lifetime Foundation.

Applicants under final consideration will be expected to meet with S4L – South Jersey representatives at our office – and to provide proof of income – before a final decision is made.

**Expectations.** If accepted into the program, participants will be expected to:

- demonstrate a positive attitude
- follow the treatment plan and demonstrate the ability and commitment to make all appointments on time
- display involvement and leadership in extracurricular activities
- “pay it forward” by completing one hour of community service for a qualified organization.

Applications will be accepted on an ongoing basis, and selections will be made twice a year. Each applicant will be notified of approval or denial after the end of each selection process. Return the completed application, applicant questionnaire, recommendation letters, transcript and photo together in one packet to:

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

**Smile 4 a Lifetime – South Jersey** uses the U.S. Federal Poverty Guidelines to determine financial eligibility for our program. The current guidelines are provided below. Applicants whose family income falls above these thresholds will be considered only if the selection committee believes there are extraordinary circumstances justifying such an exception.

**Applicants: be sure to clearly explain any such circumstances.**

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
--------------------------------	-------------------

1	\$11,880
---	----------

2	\$16,020
---	----------

3	\$20,160
---	----------

4	\$24,300
---	----------

5	\$28,440
---	----------

6	\$32,580
---	----------

7	\$36,730
---	----------

8	\$40,890
---	----------

For families/households with more than 8 persons, add \$4,160 for each additional person.