Smile FOR A Lifetime Foundation
THE GIFT OF SMILES

S&T SPERRY & TIVIS
FAMILY ORTHODONTICS

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 each. Please type or print clearly with black ink (no pencil).
- Your attached photo of the applicant's teeth must be clear.
- Your application, letters of recommendations and photos 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 served by this Chapter of the Foundation (South Plains)
- The application must be **completed fully** or the application will **NOT** be passed on to the board.
- The person being nominated for this should complete the questions on page 4.
- Return your completed application, letters of recommendation and photo to :

Smile for a Lifetime Foundation
Sperry & Tivis Family Orthodontics
4013 84th Lubbock, Texas 79423
(806) 794-8124

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OUR MISSION:

At Smile for a Lifetime Foundation it is our mission to create self confidence, inspire hope, and change the lives of children in our community in a dramatic way. The gift of a smile can do all this for a deserving, underserved individual who, in turn, can use this to better themselves and our community.

APPLICATIONS & QUESTIONS:

If you have questions, please call Mindy at Sperry & Tivis Family Orthodontics at (806) 794-8124 or e-mail at Mindy.Douglas@smiledoctors.com

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- 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).

This 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: _____ Number in Household: _____

Parent/guardian place of employment: _____

____ Is applicant covered by dental insurance? (Specify company and policy #) _____

Contact Information:

Applicant Name: _____

Parent Names: _____

Address: _____

Parent/guardian/applicant e-mail address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (circle one) Self Parent School Counselor Dentist Other: _____

Email the completed form with a picture and reference letters to:
Smile for a Lifetime Foundation
Sperry & Tivis Family Orthodontics
4013 84th, Lubbock, Texas 79423
Att: Mindy Douglas
Questions: Mindy.Douglas@smiledoctors.com | (806) 794-8124

1. Please tell us about any volunteer work or community service projects you are involved in. What are your goals?

2. Tell us about your family. How many people live in your home and who are they?

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

4. If you had the opportunity to help other people in the community what would you do?

5. Would you like to share anything else with us?

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SMILES FOR A LIFETIME DENTAL CLEARANCE

(to be completed by the applicant's dentist)

Clearance for starting orthodontic treatment

Cleaning complete and periodontal condition healthy? Y/N

Restorative care complete? Y/N

_____ has had dental care completed and is in healthy dental state to begin orthodontic treatment with the Smiles for a Lifetime Foundation.

Doctors Name: _____

Doctors Signature: _____