



APPLICATION PACKET CHECKLIST

(IT IS YOUR RESPONSIBILITY TO ENSURE ALL DOCUMENTS ARE INCLUDED.)

	Application – completed, as directed in blue/black ink		Parent/Advocate/Social Worker – Commitment Letter
	Applicant Questionnaire – Handwritten by applicant		Pay It Forward Plan
	Contract – Read and signed by parent(s) and applicant		Report Card from school
	Household Information – Complete and accurate		Sign all application documents (Contract and Commitment Letter)
	2 letters of recommendation – Could be from family, friends, teachers/coaches, counselors, dentists, etc., with their contact information.		
	2 Photos – Close up photos of applicant’s teeth while smiling. (1) headshot with full smile and (1) close-up of fully exposed teeth from front		

ANY MATERIAL SUBMITTED AS PART OF THIS APPLICATION WILL NOT BE RETURNED.

ORTHODONTIC SCHOLARSHIP

Smile for a Lifetime (S4L) is an international program that provides orthodontic scholarships (free braces) to children ages 11-18 who normally would not be able to afford treatment. Select orthodontists in the area have formed a local chapter to serve children in Orange county. There is no cost to those chosen to receive an S4L orthodontic scholarship. Scholars are chosen by a local board of directors and the process is competitive. **Scholarships are limited** and based on financial need, orthodontic need, community service, and a complete and accurate application.

QUALIFICATIONS

- Applicant must reside in the Northern Orange county area.
- Applicant must be between the ages of 11-18.
- Have “good” dental hygiene practices and had a dental hygiene check-up in the past 6 months.
- Must have a functional and/or aesthetic need for braces.
- Must currently be enrolled in school.
- Must demonstrate a positive attitude.
- Must follow and abide by treatment plan set forth by the orthodontist and contract attached.
- Should demonstrate a willingness to get involved in the community through extracurricular activities and/or volunteer service.

*** Chapter may consider exceptions under the “special circumstances” clause.
Please speak with an S4L representative for more information.**

APPROVAL PROCESS

- Applications can be submitted at any time but are reviewed quarterly. Each applicant will be notified of decision after the end of each selection process.
- Selection is based on the information provided in this packet (commentary, character, letters of recommendation; financial and orthodontic need).
- Applicants can apply more than once if they are not accepted initially.

SUBMIT APPLICATION PACKET TO:

Smile for a Lifetime c/o Wyndham Anaheim Resort
 Attn: Boris Banda, Director of Front Office
 12021 Harbor Blvd.
 Garden Grove, CA 92840

- OR -

Scan completed application packet and send to:
ocs4l@s4l.org
www.OCS4L.com



ORTHODONTIC SCHOLARSHIP APPLICATION FORM

Today's Date:	Primary Dentist:	Date of Last Visit:
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APPLICANT INFORMATION

Last Name:	First:	M.I.:	Email:
Applicant's Home Address (street):			Home phone #: ()
City:	State:	Zip:	Cell phone #: ()
Applicant's Date Of Birth (MM/DD/YYYY):	Applicant's Age:	Gender:	Male Female
Are you currently enrolled in school?	YES NO	What grade are you in?	What is your GPA?
Name of School (write below):	Location (City, State, and Zip code):		School Phone #: ()
			School Fax #: ()

TO BE COMPLETED BY THE APPLICANT ONLY

How did you hear about Smile For A Lifetime (please write in your answer)?

There are many reasons why people get braces; please select the following that apply or feel free to add your own:

Discomfort while eating/drinking	Jaw and/or mouth pain	I look down when talking
Speech impediment	I get teased about my teeth	I cover my mouth when I laugh
It's hard to clean my teeth well	I'm embarrassed to smile	I have a hard time sleeping/Sleep apnea

PARENT / GUARDIAN INFORMATION

1. Parent's/Guardian's Name:	Phone: ()	Email:
2. Parent's/Guardian's Name:	Phone: ()	Email:
Do parent(s)/guardian(s) reside with the applicant? (Circle One) YES NO If no, enter address: _____		
Total yearly household income where the applicant resides (include all sources of income): _____		
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 services? (Circle One) YES NO		
If yes, please name the doctor who gave care and what services: _____		
Have any other children in the household been treated through Smile for a Lifetime? (Circle One) YES NO		
If so, please provide the name of the child/children: _____		
Is this the first time applicant has applied to Smile for a Lifetime: (Circle One) YES NO		If no, enter number of times previously applied: _____
Is the applicant covered by dental insurance? (Circle One) YES NO		If yes, enter carrier/policy #: _____ / _____
Please explain in detail why you would like your son or daughter to be awarded an orthodontic scholarship through Smile for a Lifetime:		

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Applicant Questionnaire must be handwritten and answered by the applicant only.
Questionnaires that are submitted and completed by someone other than the applicant will be disqualified.

APPLICANT QUESTIONNAIRE

1) What would it mean to you if you received orthodontic treatment through Smile for a Lifetime?
Why do you feel you are a deserving candidate for Smile for a Lifetime?

2) Tell us about yourself. What do you like to do? What are your extracurricular activities? Do you perform any community service or volunteer work? What are your goals and aspirations?

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

4) 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?

5) If you had a chance to do a favor for another person/organization, without any exception of being paid back, what would you do and why?

If you need more space, please add up to one additional sheet of paper. Thank you.

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CONTRACT

If selected from the pool of applicants by the board members of Smile for a Lifetime Foundation of Northern Orange County, to receive orthodontic treatment, there are a few guidelines required for treatment. Throughout the selection process there is some professional guidance provided if requested, but the decision is largely subjective and based on the completeness of the application, commentary, personal essay, character, and the accompanying letters of recommendation submitted with your packet. Orthodontic treatment for the Northern Orange County chapter of Smile for a Lifetime Foundation will be provided by a participating certified orthodontist (service provider) chosen by the chapter.

By submitting and signing this application you understand and agree to the following:

- 1) I agree that appointments will be at the discretion of the service provider and his/her team.
- 2) I understand that this can mean scheduling appointments during non-peak hours.
- 3) I acknowledge that appointments must be kept in order to achieve an expeditious and desirable result.
- 4) I also understand that keeping appointments is essential to treatment success and is a requirement of accepting care from the service provider.
- 5) If you must reschedule appointments, give at least 24 hours' notice. If more than two appointments are missed or appointments are constantly rescheduled it will be considered out of compliance which is grounds for removal of braces and revocation of scholarship.
- 6) If you *must* relocate prior to the conclusion of treatment, Smile for a Lifetime will do its best to find another service provider. However, it is not guaranteed that Smile for a Lifetime will have another provider available in the area and/or can continue to provide treatment as a result.
- 7) One retainer will be provided as a part of the scholarship award. Any replacements will not be covered by Smile for a Lifetime or the Northern Orange County chapter of Smile for a Lifetime.
- 8) **Direct responsibilities of the patient:**
 - a) Maintain excellent oral hygiene (tooth brushing; flossing). If unwilling to meet expectations, due to medical and dental health risks treatment will be discontinued.
 - b) Follow the rules for eating habits. This will greatly reduce breakage of appliances (i.e. braces) and it is necessary for satisfactory completion of treatment.
 - c) Cooperate. More than two (2) loose brackets may be deemed sufficient evidence that cooperation is not sufficient to meet minimal requirements for treatment.
 - d) Other cooperation issues are with failure to cooperate with maintenance of auxiliaries including elastics, wearing head gear, and springs.
 - e) Attitude. You will be expected to maintain an exceptionally appreciative and respectful attitude once accepted into orthodontic treatment or any other aspect of treatment supported by the service provider or Smile for a Lifetime. Rude behavior or an inappreciative attitude is unacceptable.
- 9) **ATTENTION:** Failure to comply to your responsibilities may result in removal of orthodontic equipment and discontinuation of treatment Applicant Initials: _____
- 10) **ATTENTION:** Honesty is expected. Any misrepresentation, falsification or exclusion of income will be grounds for dismissal from the program. Future applications will not be considered. There are many deserving children who are in need of orthodontics we are here to serve those in greatest need. Guardian's Initials: _____
- 11) **Media Disclaimer:** If your child is the chosen applicant, you consent to Smile for a Lifetime's (S4L) use, without charge, of all photos, video and audio recordings of your child. S4L may,
 - a) Copyright, broadcast, display, publish, re-publish and reproduce your child's image, voice and any statements made by him/her, in whole or in part, in any and all media forms; and
 - b) Assign your child a fictitious name or use his/her first name, likeness, video, photograph, voice, statements and biographic or other information concerning his/her participation with S4L for fundraising or other promotional and advertising purposes. You and your child also agree to participate in surveys and case management during and after receiving treatment.
- 12) **Legal Guardian Consent:** I certify that I am the legal guardian of the child listed on this application. I have all rights and authority to make medical decisions for the child, and that all information in this application is true and correct.

This scholarship is intended specifically for underserved and deserving children in the community. There are many children who need and deserve an award winning smile and while we do our best to serve those greatest in need, it is a competitive process and not everyone will receive a scholarship.

Please take your time on your application. Your time and effort will be taken into consideration when selecting applicants for scholarships.

Applicant's Name (Printed First, MI, Last)	Applicant's Signature	Date
Guardian's Name (Printed First, MI, Last)	Guardian's Signature	Date
Guardian's Name (Printed First, MI, Last)	Guardian's Signature	Date

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PARENT/ADVOCATE/SOCIAL WORKER COMMITMENT LETTER

***TO BE FILLED OUT BY PARENT, ADVOCATE, OR SOCIAL WORKER**

Smile for a Lifetime Foundation of Northern Orange County believes that all children deserve the confidence and benefits of a beautiful, healthy smile regardless of their financial situation. We would be excited to be able to present treatment to your child as part of the Smile For A Lifetime program should he/she be selected.

Because the board takes great consideration in awarding this deserving honor, we ask that the parent or advocate also make a commitment towards the patient’s treatment to assure a smooth and high standard of care as outlined below:

1. Assure patient makes all scheduled appointments on time. If the patient will be more than 10 minutes late, I will call the office to ask if rescheduling is necessary. When at all possible, I will provide at least 24 hours’ notice if cancellation or rescheduling is necessary.
2. Assure patient has suitable transportation to and from appointments. Patients should not be left unattended at appointments or without safe transportation from appointments.
3. Help the patient comply with the doctor’s treatment request (i.e. brushing teeth regularly, wearing rubber bands/elastics and/or other treatment needs).
4. Keep the office updated with any changes to contact information including emergency contact, guardian information, phone and address. Email address changes should also be provided if available.

I, _____, commit to Smile for a Lifetime Foundation of Northern Orange County
 [name of parent/advocate/social worker]
 and the orthodontist (service provider), that I will to the best of my ability, follow the responsibilities above while
 _____ is a patient in the care of the orthodontist.
 [patient name]

I understand it is important that the orthodontic treatment could span over several years and that I need to make my child’s treatment a priority.

Parent/Advocate/Social Worker Signature: _____ Date: _____

Print name: _____

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mklein@pacifichospitality.com
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MY PLAN TO “PAY IT FORWARD”- To be completed and provided if selected for treatment.

In our community, and all over the world, there is a great need for a great many of things. Being able to help those in need raises awareness and hope in the community and gives us, as individuals, the opportunity to reflect on our own needs versus those of others. We would like to hear from you! Take some time to reflect on the needs of your community. This will take some time and research on your part. Read your local newspaper, talk to a teacher or friend and choose a non-profit /charitable organization you feel you can impact the most in your community or the world.

Note: It is important to find something that touches your heart and you are passionate about. For instance, if you love animals, help at a local animal shelter. If you relate to being hungry or even homeless, find a shelter or food bank you can support. The most important thing is that you connect to your community and know that you are making a difference.

Here are some ideas for you to get started:

Collect and donate goods:

Check with a local charity, church, shelter, humane society or orphanage if they anything.

- 1) Non-perishable food, hygiene items, clothing or toys they are in need of.
- 2) Check around your house and see if there are things that are gently used/loved but no longer need.
- 3) Check with neighbors, let them know what you are doing and ask if they can help.
- 4) Collect treats, magazines, and hygiene items for soldiers deployed overseas or something to remind them of home.

Donate your time:

Check with a local charity, church, shelter, humane society or orphanage if they need volunteers. Every little bit helps.

- 1) Sweeping, Mopping or reorganizing can help considerably when it comes to redistributing goods.
- 2) Take dogs for a walk or refilling their water and food dishes. Just petting and spending time with them so they know they are loved.
- 3) Everyone has a neighbor who is in need of light house work, or maybe yard maintenance that’s been put off because of injury.
- 4) If you like art or poetry, write letters to soldiers for holidays or a draw a picture for thanks.

For more specific non-profits in your area, please go to:

WWW.ALLFORGOOD.ORG

WWW.SERVE.GOV

VOLUNTEERMATCH.ORG

Make note of the information you find, it will help you complete your Plan to pay it forward!

Name of Organization:	To whom did you speak?
Address:	Phone Number:
What do they do? What are their goals?	
What do they need help doing?	
Commitment (How many hours per month and for how long):	
Additional Information:	

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MY PLAN TO "PAY IT FORWARD"

***HANDWRITTEN BY THE APPLICANT ONLY.**

Who: Name of organization. Type of organization. To whom did you speak?

Lined area for handwritten response to 'Who' question.

What: What are the volunteering needs of the organization? What will you be doing?

Lined area for handwritten response to 'What' question.

When: What time will you commit to volunteering?

Lined area for handwritten response to 'When' question.

Why: Why did you choose to help this organization? Why are you so interested in helping the organization?

Lined area for handwritten response to 'Why' question.

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