



Smile for a Lifetime
Dr. Tripp Leitner & Dr. Goody Thomas: Founders & Orthodontic Provider



1033 Bay Shore Drive | Rock Hill, SC 29732

- You must submit two 5 x 7 photos of the applicant. One photo should be a headshot showing a full smile and the other should show only the applicant's teeth. (These pictures must be in focus, quality photos)
You must have two typed letters of reference—one school-based (i.e. nurse, teacher, coach) one community-based (i.e. employer, church leader, volunteer supervisor, etc.) No relatives
All persons 10-18 years of age are eligible for scholarship. Applications must be completed in their entirety to be considered for scholarship. (See check sheet at the end to assist with this.)

Applicant's Name: _____ Age: _____ Grade: _____
Name of School: _____
Name of Parent/Guardian: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____
Parent/Guardian Employment: _____; Number of family in household _____

Annual Household Income: _____ Please be prepared to show a copy of last year's tax return, W-2s, or a copy of recent pay stubs for all family wage earners.

Submitted by (circle one): Self Parent Educator Dentist Other _____
Name of person submitting application: _____
E-mail address of Submitter: _____ Phone: _____

The Applicant is an excellent candidate for a Smile for a Lifetime Orthodontic Scholarship because:

Please mail completed form with pictures, reference letters & questionnaire to:
Smile for a Lifetime
Attn: Sandy Leitner
PO BOX 4456 | Rock Hill, SC 29732
Questions: S4LTLO@gmail.com

All applications, pictures and supporting documents will NOT be returned and become property of Smile for a Lifetime foundation.
Candidates chosen for screening will be asked to provide verification of family income.

Smile for a Lifetime

Applicant Questionnaire:

1. Tell us about yourself. What are your interests and hobbies? What extracurricular activities are you involved with? Do you participate in any community service or volunteer projects? What are your goals for your future?

2. Why do you want braces? How do you feel about your smile now? How do you think braces could improve your life now and in the future?

3. If you had a chance to help others, would you? If so, list ways you'd like to assist others.

CHECK SHEET: Please double check to see that you have completed your application in its entirety.

- ___1. Two references NOT related to you—one community-based and one school-based (teacher, coach, nurse)
Contact information for reference should be included in reference letter and capacity in which they know you.
- ___2. Two very clear photos.
- ___3. Application is neat and easy to read.