



Smiles for Hope Foundation Application

- Scholarship Applicants must submit a 5X7 **Head-shot** photo of applicant with **full smile and teeth showing**.
- Applicants must also submit two typed letters of reference (no longer than one typed page.) Suggested sources for letters of reference include teachers, school administrators, clergy, organization leaders (e.g. Boy/Girls Scouts)

The applicant is a deserving candidate for Smiles for Hope Foundation because (please limit answer to space provided.)

1. Number of times applicant has submitted an application to Smiles for Hope Foundation____

2. Applicant's Age____

3. Applicant's grade level____

4. Sex: M / F

5. Applicant's accomplishments:

6. Family's Annual Household income_____

7. Parent/Guardian's place of employment_____

8. Does applicant qualify for Medicaid: Yes/ No

9. Is applicant covered by dental Insurance? (Please specify company and policy number)

Contact Information:

Applicant's Name: _____

Parent's name: _____

Address: _____

E-mail Address: _____

Phone number: Home _____ Cell _____

Submitted by: Self Parent Other (please specify) _____

Please mail completed form with photo and reference letters to:

Lach Orthodontic Specialists

Smiles for Hope Foundation

4250 Alafaya Trail suite 180

Oviedo, FL 32765

Questions Please Call: 407-359-1960

Info@lach-ortho.com

Candidates chosen for screening will be asked to provide verification of family income which may include a copy of last year's tax return, W-2, or a copy of the most recent pay stubs insuring Smiles for Hope foundation that financial requirements are met. Applications, pictures and supporting documents will not be returned and become property of Smile for Hope Foundation.