APPLICANTS MUST BE BETWEEN 7TH AND 12TH GRADES

All applications must be filled out completely. Incomplete applications will not be considered or returned for corrections.

All applications must include the following:

1) A 5 x 7 head shot photo of the applicant with FULL SMILE AND TEETH SHOWING. If necessary you may include more than one photo to show everything.
   You may be asked to come in to our office to have more detailed photos taken.
2) Two letters of reference (typed and limited to one page each) from someone not related to the applicant that explains why they feel the applicant is deserving of the Smiles for a Lifetime Scholarship.

SUBMIT YOUR APPLICATIONS to:

Haeger Orthodontics
24909 104th Ave SE, Ste 203 OR 22443 SE 240th ST Ste 100
Kent WA 98030 Maple Valley, WA 98038

Or email to team@mybraces.net Attention Smiles for a Lifetime

FOR QUESTIONS REGARDING THE APPLICATION OR APPLICATION PROCESS PLEASE CONTACT:
Haeger Orthodontics
253-850-7043
team@mybraces.net
PARENTS TO COMPLETE THIS SECTION:

APPLICANT NAME: __________________________________________ Date of Birth _________________

Age: _________________________ Grade __________  School _______________________________

Address: ____________________________________________________________________________

City ___________________________________ State ___________________ Zip ___________________

Parent/Guardian Name: _____________________________________ Relationship to Applicant: _________

Address if different than applicant: _______________________________________________________

Main Phone # ________________________ Alternate Phone # ________________________________

Email address: ________________________________________________________________________

Parent/Guardian Name: _____________________________ Relationship to Applicant: ______________

Address if different than applicant: _______________________________________________________

Main Phone # ________________________ Alternate Phone # ________________________________

Email address: ________________________________________________________________________

General Dentist: __________________________ Date of last cleaning: ___________________________

How did you hear about Smiles for a Lifetime: ______________________________________________

Is there any orthodontic insurance?  Yes ________  No ________  If yes: __________________________

Insured’s Name: __________________________________________ Date of Birth: _____________________

Employer: _____________________________ Insurance Carrier: ________________________________

Phone: __________________________ SSN/ID # ________________________________
1. Household Income $ __________________________ (Candidates chosen will be asked to verify income, which may include a copy of last year’s tax return, W-2’s or recent paystubs insuring Smiles for a Lifetime financial requirements are met.)

Number of Adults in your home: _____________ Number of children under 18 _______________________
Please list any other outside costs/issues that we should be aware of that will help you qualify for Smiles for a Lifetime:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. Tell us about your child and their smile: ________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. How do you see your child’s new smile affecting his or her life: ______________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Orthodontics is a commitment for both the patient and the parent. Making and keeping appointments is imperative to keeping treatment on track. Appointments average every 4-8 weeks although there are times when they are most frequent. Although we strive to accommodate schedules before and after school, there are certain appointments and timing when that will not be possible. If my child is selected to be a Smiles for a Lifetime Recipient I agree to make and keep all orthodontic appointments. Initials of Parent _____________

Cooperation on the treatment goals and good oral hygiene is essential to achieve the best possible results from orthodontics. If selected I will help my child commit to cooperation and good oral hygiene. Initials: ________.

By receiving orthodontic care from Haeger Orthodontics and the Smiles for a Lifetime Organization, I agree to all the requirements set forth both in the parent portion and the applicant portion of this application. I also agree to follow and help my child follow all instructions given by either Dr. Haeger or his team members.
If you are in the 11th or 12th Grade, What are your plans after graduation:

________________________________________________________________________________________?

Will you be in this area after graduation to finish treatment? Yes___________ No _________________

4. Tell us about yourself. What do you like to do? What extra curricular activities do you participate in?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

5. How do you see your new Smile affecting your life: ______________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

6. I am a deserving candidate for Smiles for a Lifetime because: ______________________________________

________________________________________________________________________________________

________________________________________________________________________________________

7. A requirement for receiving the Smiles for a Lifetime scholarship is doing 40 hours of “Pay it Forward”
Community Service of your choosing over the course of your treatment time. Identify two or three possible
community service activities you plan on doing. If you need ideas, please check with your school, church, or
other organizations you belong to. : ___________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

By accepting orthodontic treatment from Haeger Orthodontics and the Smiles for a Lifetime Organization, I
agree to keep all my appointments and follow all instructions give to me by Dr. Haeger or his team members.

_____________________________________________     ______________________

Patient                                      Date