

## HAEGER ORTHODONTICS

# SMILES FOR A LIFETIME APPLICATION

### APPLICANTS MUST BE BETWEEN 7<sup>TH</sup> AND 12<sup>TH</sup> 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 104<sup>th</sup> Ave SE, Ste 203  
Kent WA 98030

OR

Haeger Orthodontics  
22443 SE 240<sup>th</sup> ST Ste 100  
Maple Valley, WA 98038

Or email to [team@mybraces.net](mailto: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](mailto: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:

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2. Tell us about your child and their smile: \_\_\_\_\_

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3. How do you see your child's new smile affecting his or her life: \_\_\_\_\_

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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.

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Parent/Guardian

Date

**APPLICANT TO COMPLETE THE FOLLOWING:**

If you are in the 11<sup>th</sup> or 12<sup>th</sup> 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