

Helpful guidelines in applying for braces through Smile for a Lifetime Foundation:

* Applicant questionnaire must be handwritten and answered by the applicant.
* Applicant must be a resident of the Southeastern Wisconsin.
* Applicant must have a significant aesthetic need for braces.
* Applicant must demonstrate financial need.
* Applicant must be between 11 to 17 years old (For further questions please contact your local Smile for a Lifetime Chapter)
* Only one scholarship winner per household.
* Applicant must be a currently enrolled student
* Applicant should demonstrate a positive attitude
* Applicant must agree to follow the treatment plan and demonstrate the ability and commitment to make all appointments on time
* Applicant is encouraged to display involvement and leadership in extracurricular activities
* Must be willing during the treatment period to “pay it forward” by completing 40 Hours of community service, with 20 hours completed with in the first 6 months.
* **Two Letters of Recommendation are mandatory.** Please do not submit more than two letters, and limit each reference letter to one page each. Please type or print clearly with black ink (no pencil). Letters of Recommendation may be written by; friends, teachers/coaches, counselors, dentists, etc. Not family members.
* A clear **5x7 head shot with full smile & teeth showing must be included** with application.
* The application, letters of reference and pictures will not be returned and will become property of Smile for a Lifetime Foundation.
* Applications will be reviewed on a quarterly basis. Applications are received on an ongoing basis. Each applicant will be notified of approval or denial after the end of each selection process via letter in the mail.
* Return the completed application, applicant questionnaire, requirements for treatment form, letters of recommendation and photo together in one packet to:

**Mail application form, picture and reference letter to:**

Moles and Ferri Orthodontics

Smile for a Lifetime

Attn: Janet Ochoa

8555 W. Forest Home Ave.

Milwaukee, Wi 53228

**Questions**:

s4l@molesorthodontics.com or (414) 529-4044

* All application forms, pictures and reference letters become property of the Smile for a Lifetime Foundation and will **NOT** be returned.

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**Smile for a Lifetime Requirements for Treatment**

is being considered by the Board of directors of Smile

 Patient

for a Lifetime Foundation of Southeastern Wisconsin to receive free orthodontic treatment. Orthodontic treatment for the Southeastern Wisconsin Chapter of Smile for a Lifetime will be provided by certified orthodontist, Dr. Randall Moles of Moles and Ferri Orthodontic Specialists.
 Treatment Requirements
 and Patient Parent/ Guardian
must cooperate with and follow all the requirements for treatment. Failure to follow **all** requirements may result in dismissal from treatment.

* **Appointments**: Appointments will be scheduled by Moles and Ferri Ortho. Spec. and will be scheduled in the morning usually prior to 12:00 noon. Two (2) missed and unexcused appointments will be reason for dismissal from treatment. ALL appointments must be kept in order to achieve a successful result.
* **Oral Hygiene:** Poor oral hygiene (brushing & flossing teeth) will result in termination of treatment due to medical and dental health risks.
* **Cooperation:** Following eating rules will greatly reduce breakage of braces. More than two (2) loose brackets may be evidence that patient responsibility is not sufficient for continuation of orthodontic treatment. Patient must be responsible for maintenance of orthodontic auxiliaries including elastics (wearing rubber bands), wearing headgear and/or springs.
* **Positive Attitude**: All patients accepted into orthodontic treatment by Moles and Ferri Ortho. Spec. and the Smile for a Lifetime Foundation of Southeastern Wisconsin will be expected to maintain a respectful and appreciative attitude. Rude behavior or an unappreciative attitude **WILL** result in termination of orthodontic or dental care at the discretion of the provider.
* **Arbitration**: Any disagreements which may arise in the quality of care or expected result that are unresolved by direct communication with Moles and Ferri Ortho. Spec. will be resolved by the Peer Committee of the Wisconsin Dental Association.
* **Patient Transfer:** The Smile for a Lifetime Foundation has it’s agreement with Moles and Ferri Ortho. Spec. for orthodontic treatment. If a patient transfers to another orthodontist, the foundation is no longer responsible for providing continuation of care.

I agree to follow all requirements for treatment and understand that failure to follow all requirements for treatment will result in a dismissal from this program and treatment. I also understand that this agreement is in addition to the Informed Consent signed at the office of Moles and Ferri Orthodontic Specialist.

Patient Signature:

Parent/Guardian Signature:

Witness Signature: Date: ****

**Application for Treatment**

Applicant Name: Date of Birth: Gender:

Grade Level: \_\_\_\_\_\_\_ Current GPA: \_\_\_\_\_\_\_\_\_ Name of school

Address: City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:

Parents’/Guardians’ Marital Status: Single\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed\_\_\_

1. Parent/Guardian name:

Home phone: Cell Email:

Employer: Income (gross annual):

2. Parent/Guardian name:

Home phone: Cell Email:

Employer: Income (gross annual):

Does applicant covered by dental insurance? Yes No

 If yes, please specify company and policy number:

Reference letter 1

Name: Phone: Email:

Reference letter 2

Name: Phone: Email:

Application submitted by: Self Parent/Guardian School Counselor Dentist

 Other (please list):

Have you previously submitted an application to Smile for a Lifetime (please circle):

 Yes No

How did you hear about Smile for a Lifetime: Media School Website

 Other (please list):

**Application requests must include:**

* Completed application form
* Completed the requirements for treatment form
* 4x6 head-shot photo of applicant with full smile and teeth showing
* Two (2) letters of reference (typed and limited to one page)
* Verification of family income which should include a copy of current year’s tax return, and copy of payroll records from employer of the current year ensuring Smile for a Lifetime financial requirements are met*.*
* Questionnaire

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**Applicant Questionnaire**

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

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?

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

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

1. 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?

1. If you had a chance to do a favor for another person/organization, without any expectation 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.*