



Smile for a Lifetime-Greater Toronto Area Chapter

**APPLICATION**

- 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.
- You must have two letters of reference (typed) from non-relatives (eg. teachers, coaches, clergy, etc.).

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian Employment: \_\_\_\_\_

Is the Applicant covered by dental insurance? \_\_\_\_\_ If yes, is there coverage for orthodontics? \_\_\_\_\_

Is the Applicant a Canadian resident or citizen? \_\_\_\_\_ Lifetime Maximum \$ \_\_\_\_\_

Does Applicant qualify for government assistance: \_\_\_\_\_

Annual Gross Household Income: \$ \_\_\_\_\_. Please be prepared to show a copy of last year's tax returns or a copy of recent pay stubs for all family wage earners at a later date.

Submitted by (circle one): Self Parent Educator Dentist Other: \_\_\_\_\_

E-mail address for Submitter: \_\_\_\_\_ Phone: \_\_\_\_\_

As part of the selection process you agree and confirm that you have parental consent or are over 19 years of age, and further agree to have your image or that of your child used on social media platforms managed by the Orthodontic offices who are members of the Smiles for a Lifetime Foundation, as well as any future marketing/communications collateral. You also acknowledge that you have not given anyone the exclusive right to use your portrait, picture or photograph (image) and understand that you will have no claim against the Smiles for a Lifetime Foundation, its members or against anyone accessing this communications/marketing material, whether online, in print or by any other means.

I fully understand the application procedure, and agree to the terms set forth in this agreement.

\_\_\_\_\_ (Applicant, Parent, or Guardian) Date \_\_\_\_\_

Please mail completed form with pictures, reference letters & questionnaire to:

Smile for a Lifetime

Attn: Dr. Allan Davis

10131 Yonge St. Richmond Hill, ON L4C 1T5

Questions: [allan@davisortho.ca](mailto:allan@davisortho.ca)

All applications, pictures and supporting documents, including income information will be reviewed by the Smile for A Lifetime GTA Board. They 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. Questions will only be answered via e-mail and will be returned within 48 hours during normal business hours.

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