



Greater Sacramento Chapter - 4150 Truxel Rd. Suite A
 Sacramento, CA 95834 – (916) 282-9509

APPLICATION CHECKLIST

<input type="checkbox"/>	Application – completed, as directed in black ink	<input type="checkbox"/>	Plan to “Pay It Forward”
<input type="checkbox"/>	Contract – Read and signed by both parent(s) and applicant		
<input type="checkbox"/>	Applicant Questionnaire – handwritten by the applicant		
<input type="checkbox"/>	Household Information – complete and accurate		
<input type="checkbox"/>	2 Letters Of Recommendation – Letters from at least two community leaders or teachers, with contact information attached		
<input type="checkbox"/>	2 Photos – Close up, clear photos of applicants’ teeth while smiling. 1 photo, teeth showing from the front and 1 photo of the teeth from the side		



SUBMITTING APPLICATION

Applications must be mailed or delivered to one of our participating locations in a sealed envelope addressed to Smile for a Lifetime. After the application has been mailed dropped off please email S4L@imageorthodontics.com letting us know where and when your application was sent or delivered to with the name of the applicant.

CONTACT FOR ASSISTANCE

Please contact us if you have any questions or need any assistance.

S4L@imageorthodontics.com

(916) 282-9509

Image Orthodontics

4150 Truxel Road, Suite A

Sacramento, CA 95834



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ORTHODONTIC SCHOLARSHIP

Smile for a Lifetime is a national non-profit that provides orthodontic scholarships (free braces) to children, all across the country who normally would not be able to afford treatment. Dr. Yan Kalika of Image Orthodontics has formed a local chapter awarding six children in the Greater Sacramento area each year. There is no cost to those chosen to receive an S4L orthodontic scholarship.

Scholars are chosen by a local board of directors and the process is competitive. Scholarships are limited and based on financial need, orthodontic need, and a **complete and accurate** application.

Although there is no financial cost to selected scholars, there are some participation requirements. Scholars will be asked to commit to community service hours of their choice during the course of their treatment. Please read through the application and the contract thoroughly for more information on the Pay It Forward Plan and other requirements.

QUALIFICATIONS

- Applicant must reside in the Greater Sacramento area.*
- Family income of no more than 250% of the federal poverty level. (See income eligibility form)*
- Applicant must be between the ages of 11-19.
- Have “good” dental hygiene practices.
- Must have a functional and/or aesthetic need for braces.
- Must currently be enrolled in school.
- Must demonstrate a positive attitude.
- Must follow and abide by treatment plan set forth by the orthodontist and contract attached.
- Should demonstrate a willingness to get involved in the community through extracurricular activities and/or volunteer service.
- Must have positive letters of recommendation from at least two community leaders and/or teachers.

*** Chapter may consider exceptions under the “special circumstances” clause. Please speak with an S4L representative for more information**

NOTE: If awarded, Proof of income is required prior to treatment. I.e. W-2, Income Tax Return for previous year, SSI Award Letter, Child Support, TANF grant letter, etc.

APPROVAL PROCESS

- The Smile For a Lifetime Board will select three applicants on a semi-annual basis.
- Applications are reviewed by our board of directors each spring and fall. Please contact a representative for more information on deadlines.
- Selection is based on the information provided within this packet (i.e. commentary, personal essay, character, and accompanying letters of recommendation, orthodontic and financial need).
- All applicants will be contacted shortly after each meeting to be notified of the status of their application and if they have been selected.
- If applicant is not selected the first time the application is reviewed the application will be held and reviewed a second time at the next meeting. If applicant is not selected at second review, applicant may contact a representative for more information on how to reapply.
- If selected, applicants may be asked to participate in promotional activities aimed to benefit Smile for a Lifetime throughout the course of treatment.
- **Applicants must read contract located on page 6 of this application thoroughly and sign with complete understanding of requirements if selected including Patient Responsibility and Media Disclaimer.**



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ORTHODONTIC SCHOLARSHIP APPLICATION FORM

Today's Date: [Date] Primary Dentist:



APPLICANT INFORMATION

Patient's Last Name: First: Middle:

Are you in school: Grade: Applicant's DOB: Applicant's Gender: Guardian's Name:

YES NO GPA: Patient's Age: Guardian's Name:

Name of School: Address (City, State, Zip Code): Phone Number: ()

Fax: ()

Are you wearing braces? If you are over the age of 16, what are your plans over the next 3 years (Moving, College, etc.):

Home Address: City: State: Zip: Home phone no.: Cell phone no.:

() ()

TO BE COMPLETED BY THE APPLICANT ONLY

How did you hear about Smile for a Lifetime (please circle or write in your answer)?

Internet Search	Family	Friend	Dentist/Orthodontist	Boys & Girls Club	State Office	Other: (Please Specify)
Television	Magazine	Radio	Newspaper	CASA	Internet Ad	

There are many reasons why people get braces; please select the following that apply or feel free to add your own:

Jaw and/or mouth pain	I cover my mouth when I laugh	Sometimes I pretend my teeth are perfect
Discomfort while eating/drinking	I look down when talking	I have a hard time sleeping/Sleep apnea
Speech Impediment	I get teased about my teeth	
It's hard to clean my teeth well	I'm embarrassed to smile	

GUARDIAN INFORMATION

Guardian's Occupation: Guardian's Employer: Employer phone no.:

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Have any other children in the household been treated through Smile for A Lifetime (If so, whom)?

What is the best way to reach you: Phone: () Email:

***** It is important to understand that orthodontic treatment can span over several years, make your child's treatment a priority*****

What is your primary means of getting to their appointments on time? Also, what is your back up plan for transportation (Bus, Friends or Family, Taxi)?

Are there plans of relocating the family in the next two years? If so, where?

What is most important to you about your son/daughter receiving this scholarship?

Attention Non-Parental Guardians:

In order to be considered, you **MUST** attach copy of medical authorization. If the applicant is in state custody, submit a copy of medical card and consent form.



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APPLICANT QUESTIONNAIRE

HANDWRITTEN BY THE APPLICANT ONLY. Each question must be answered in essay format 5 to 7 sentences in length.*

Tell us about yourself. What do you like to do? Favorite hobbies, extracurricular activities, and the types of goals and aspirations in life. Etc.

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Tell us about your family. How many siblings do you have, who are they, do they live with you, what do you like to do together? Etc.

Please tell us, in detail, why you would like braces and/or orthodontic treatment and how will it change your life? Etc.

***If the minimum requirements are not met, your application will be considered incomplete and not included in selection process.**



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INCOME ELIGIBILITY GUIDELINES

Household Size	Federal Poverty Level	S4L Maximum Annual Income (250% of Poverty Level)	Weekly Gross Income	Monthly Gross Income	Twice Per Month Gross	Every Two Weeks Gross
1	\$11,880	\$29,700	\$571	\$2,475	\$1,238	\$1,142
2	\$16,020	\$40,050	\$770	\$3,338	\$1,669	\$1,540
3	\$21,160	\$50,400	\$969	\$4,200	\$2,100	\$1,938
4	\$24,300	\$60,750	\$1,168	\$5,063	\$2,531	\$2,337
5	\$28,440	\$71,100	\$1,367	\$5,925	\$2,963	\$2,735
6	\$32,580	\$81,450	\$1,566	\$6,788	\$3,394	\$3,133
7	\$36,730	\$91,825	\$1,766	\$7,652	\$3,826	\$3,532
8	\$ 40,890	\$102,225	\$1,966	\$8,519	\$4,259	\$3,932

Updates to federal poverty guidelines can be found at <http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>

HOUSEHOLD INFORMATION

How many people are in your household?	TOTAL:		Number of Adults:		Number of children:	
Is anyone in the household employed?	Yes	No	If yes, list below			

PRIMARY SOURCES OF INCOME

Name:		Name:	
Employer Name:		Employer Name:	
Hourly wage/Salary:		Hourly wage/Salary:	
Hours worked per week:		Hours worked per week:	
Gross Income per month:		Gross Income per month:	

OTHER SOURCES OF INCOME

Is anyone receiving or going to receive the following:

Lump Sum Payment (Lawsuit/insurance, settlement, social security, SSI, SSDI, Inheritance, lottery, other)?	Yes	No	Amount:		Frequency:	
Child Support or Alimony (please circle)	Yes	No	Amount:		Frequency:	
Unemployment	Yes	No	Amount:		Frequency:	

ARE YOU CURRENTLY RECEIVING ANY OF THE FOLLOWING BENEFITS?

Type of Benefit	Receiving		Amount	Type of Benefit	Receiving	
Food Stamps	Yes	No		School Lunch Program	Yes	No
WIC	Yes	No		State Provided Childcare	Yes	No
TANF	Yes	No		State Provided Healthcare/Dental	Yes	No

EXPENSES

Please do not include living expenses, i.e. car insurance, utilities, groceries etc...

Do you pay for Adult daycare, child support, alimony, child daycare or medical expenses?		Yes	No	If yes, list below.
TYPE OF EXPENSE	WHO IS IT FOR	FREQUENCY <small>(Weekly, Monthly, Annually, Semi-Annually)</small>		AMOUNT <small>If selected, you may be asked to submit proof</small>
RENT / MORGAGE				



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CONTRACT

If selected from the pool of applicants by the board members of Smile for a Lifetime Foundation and by Image Orthodontics to receive orthodontic treatment there are a few guidelines required for treatment. Throughout the selection process there is some professional guidance, if requested, but the decision is largely subjective and based on the completeness of the application, commentary, personal essay, character and the accompanying letters of recommendation submitted with your packet. Orthodontic treatment for the Greater Sacramento Chapter of Smile for a Lifetime Foundation will be provided by a certified orthodontist at Image Orthodontics.

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By submitting and signing this application you understand and agree to the following:

- 1) I agree that appointments will be at the discretion of Image Orthodontics.
- 2) I understand that this can mean scheduling appointments during non-peak hours i.e. midafternoon Monday through Thursday.
- 3) I acknowledge that appointments must be kept in order to achieve an expeditious and desirable result.
- 4) I also understand that keeping appointments is essential to treatment success and is a requirement of accepting care from Image Orthodontics.
- 5) If you must reschedule appointments, give Image Orthodontics at least 24 hours' notice. If more than two appointments are missed or appointments are constantly rescheduled it will be considered out of compliance which is grounds for removal of braces and revocation of scholarship.
- 6) If you must relocate prior to the conclusion of treatment, Smile for a Lifetime will do its best to find another service provider. However, it is not guaranteed that Smile for a Lifetime will have another provider available in the area and/or can continue to provide treatment as a result.
- 7) One retainer will be provided as a part of the scholarship award, any replacements will not be covered by Image Orthodontics or Smile for a Lifetime.
- 8) **Direct responsibilities of the patient:**
 - a) Maintain excellent oral hygiene (tooth brushing, Flossing). If unwilling to meet expectations, due to medical and dental health risks treatment will be discontinued.
 - b) Follow the rules for eating habits. This will greatly reduce breakage of appliances (i.e. braces) and it is necessary for satisfactory completion of treatment.
 - c) Cooperate. More than two (2) loose brackets may be deemed sufficient evidence that cooperation is not sufficient to meet minimal requirements for treatment.
 - d) Other cooperation issues are with failure to cooperate with maintenance of auxiliaries including elastics, wearing head gear, and springs.
 - e) Attitude. You will be expected to maintain an exceptionally appreciative and respectful attitude once accepted into orthodontic treatment or any other aspect of treatment supported by Image Orthodontics or Smile for a Lifetime. Rude behavior or an inappreciative attitude is unacceptable.
- 9) **ATTENTION:** Failure to comply to your responsibilities may result in removal of orthodontic equipment and discontinuation of treatment **Applicant Initials: _____**
- 10) **ATTENTION:** Honesty is expected. Any misrepresentation, falsification or exclusion of income will be grounds for dismissal from the program. Future applications will not be considered. There are many deserving children who are in need of orthodontics we are here to serve those in greatest need. **Guardian's Initials: _____**
- 10) **Media Disclaimer:** If your child is the chosen applicant, you consent to Smile for a Lifetime's (S4L) use, without charge, of all photos, video and audio recordings of your child. S4L may,
 - a) Copyright, broadcast, display, publish, re-publish and reproduce your child's image, voice and any statements made by him/her, in whole or in part, in any and all media forms; and
 - b) Assign your child a fictitious name or use his/her first name, likeness, video, photograph, voice, statements and biographic or other information concerning his/her participation with S4L for fundraising or other promotional and advertising purposes. You and your child also agree to participate in surveys and case management during and after receiving treatment.
- 11) Legal Guardian Consent: I certify that I am the legal guardian of the child listed on this application. I have all rights and authority to make medical decisions for the child, that all information in this application is true and correct.

This scholarship is intended specifically for underserved and deserving children in the community. There are many children who need and deserve an award winning smile and while we do our best to serve those greatest in need, it is a competitive process and not everyone will receive a scholarship.

Please take your time on your application, your time and effort will be taken into consideration when selecting applicants for scholarships.

Applicant's Name (Printed First, MI, Last)	Applicant's Signature	Date
Guardian's Name (Printed First, MI, Last)	Guardian's Signature	Date
Guardian's Name (Printed First, MI, Last)	Guardian's Signature	Date



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MY PLAN TO “PAY IT FORWARD”

In our community, and all over the world, there is a great need for a great many of things. Being able to help those in need raises awareness and hope in the community and gives us, as individuals, the opportunity to reflect on our own needs versus those of others. We would like to hear from you! Take some time to reflect on the needs of your community. This will take some time and research on your part. Read your local newspaper, talk to a teacher or friend and choose a non-profit /charitable organization you feel you can impact the most in your community or the world.

Think of it as a business plan for your soul!

Note: It is important to find something that touches your heart and you are passionate about. For instance, if you love animals, help at a local animal shelter. If you relate to being hungry or even homeless, find a shelter or food bank you can support. The most important thing is that you connect to your community and know that you are making a difference.

Here are some ideas for you to get started:

Collect and donate goods:

Check with a local charity, church, shelter, humane society or orphanage if they anything.

- 1) Non-perishable food, hygiene items, clothing or toys they are in need of.
- 2) Check around your house and see if there are things that are gently used/loved but no longer need.
- 3) Check with neighbors, let them know what you are doing and ask if they can help.
- 4) Collect treats, magazines, and hygiene items for soldiers deployed overseas or something to remind them of home.

Donate your time:

Check with a local charity, church, shelter, humane society or orphanage if they need volunteers. Every little bit helps.

- 1) Sweeping, Mopping or reorganizing can help considerably when it comes to redistributing goods.
- 2) Take dogs for a walk or refilling their water and food dishes. Just petting and spending time with them so they know they are loved.
- 3) Everyone has a neighbor who is in need of light house work, or maybe yard maintenance that’s been put off because of injury.
- 4) If you like art or poetry, write letters to soldiers for holidays or a draw a picture for thanks.

For more specific non-profits in your area, please go to:

WWW.ALLFORGOOD.ORG

WWW.SERVE.GOV

VOLUNTEERMATCH.ORG

Make note of the information you find, it will help you complete your Plan to pay it forward!

Name of Organization:

Who you spoke with:

Address:

Phone Number:

What they do, what are their goals:

What they need help with:

Commitment (How many hours a month and for how long):

Additional Information:



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MY PLAN TO “PAY IT FORWARD”

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Who: Name of organization. Type of organization, who did you speak with?

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What: What does the organization need help with? What will you be doing?

When: What time will you commit to volunteering?

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MY PLAN TO “PAY IT FORWARD”

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EXAMPLES

Who:

I spoke with Jane Doe at “Lost Dogs” which is a local animal shelter in Boise, Idaho. Jane is the manager at lost dogs. There are a lot of things she needs help with at the facility. Their mission statement says “A kindhearted society is where animals are respected, cared for and valued.” I think it’s very accurate because all animals should be loved. They currently house 52 cats and 27 dogs. They want to help at least 10 animals find a home by the end of the month and to match at least 100 animals with adoption families a year. In the next three years they would like to open another *Lost Dogs animal shelter in Lewiston, Idaho.*

What:

When I spoke with Jane Doe at Lost Dogs, she said that she needs help with things like changing food and water dishes. I will also be able to pet the animals and take them for walks or to the play area outside. They have several kids my age who are also volunteers. Their next orientation is on January 1st, 2014 at 1:00pm. That is when I will learn more about Lost Dogs and have a better idea of what I will be doing at the shelter. *Once I am trained, I will be able to help wash and shampoo the dogs. I hope that next year, when I am old enough, I will be able to volunteer as a Kennel Assistant.*

When:

Lost Dogs animal shelter asks that we commit to at least eight hours of volunteering a month, for at least six months. This is because it takes time to train the volunteers and they need people they can count on. I have committed to serve a minimum of four hours every weekend. I will arrive at Lost Dogs at 10:00 am and leaving at 2:00 pm. I will do this for at least ten months. If time allows, I would like to volunteer more hours during the summer. Mrs. Doe says that more animals show up during summer months, so there is more that needs to be done. There is also more that needs to be done because most of the fundraising and community events happen in July, August and September.

Why:

I love animals! I think they are amazing. I am really looking forward to volunteering at lost dogs. Last year, we had lost our cat Fluffy. We looked everywhere for him, we even posted flyers and asked neighbors if they had seen him. It was really sad because I have had fluffy since I was two and I was worried he wouldn’t come home. Thankfully, Mom called Lost Dogs about a week later to find that someone had brought fluffy to the shelter. It was the wonderful people at Lost Dogs who had taken such good care of him. I want to be a part of caring for animals while their families are trying to find them and bring them home. I know how much it meant to me etc.....