



Greater San Francisco Chapter – 3412 Geary Boulevard  
San Francisco, CA 94118 – (415) 752-0654  
Email Completed application to Kayla Lebo via: Kayla@imageorthodontics.com

## APPLICATION CHECKLIST

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Application completed, as directed in black ink or in Acrobat Reader or MW  
Applicant Questionnaire – handwritten by the applicant and scanned (preferred) or typed by applicant

Household Information – complete and accurate & should include W2 or tax returns

Contract – Read and signed by both parent(s) and applicant

Plan to “PAY IT FORWARD”

1-2 Minute video of applicant sharing what it would mean to them to be selected for the orthodontic scholarship upload via Youtube or attach video in google drive or direct attachment.

2 Letters Of Recommendation – Letters from at least two community leaders or teachers, with contact information attached

### 4 Applicant Photos:

1. Headshot of applicant
2. Clear photos of applicants’ teeth while smiling.
3. Photo, of applicant’s teeth from profile view. (R side and L side)
4. Photo looking inside patient’s mouth taken with patient opening mouth wide open.

Please see example below. Photos may be taken using cell phone.





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## ORTHODONTIC SCHOLARSHIP

Smile For a Lifetime is an international program that provides orthodontic scholarships (free braces or aligners) to children ages 11-18 who normally would not be able to afford treatment otherwise. Dr. Kalika of Image Orthodontics has formed a local chapter to serve 6 children in the Greater San Francisco area each year. There is no cost to those selected to receive a S4L Orthodontic Scholarship. Scholars may be asked to commit to community service hours during the course of their treatment as part of their commitment to give back to the community as well. See below for some ideas to consider to Pay It Forward. 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.

## QUALIFICATIONS

- Applicant must reside in the Greater San Francisco area.\*
  - Family income of no more than 185% of the federal poverty level. (See income eligibility form)\*
- If Chosen**, proof of income will be **required** to verify eligibility prior to treatment. W-2, Income tax return, SSI award letter, TANF grant letter etc.
- Applicant must be between the ages of 11-18.
  - Have “good” dental hygiene practices.
  - Must have a functional and/or aesthetic need for braces.
  - Must currently be enrolled in school or training.
  - Must demonstrate a positive attitude.
  - Must follow and abide by the treatment plan set forth by the orthodontist and the 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

- Image Orthodontics will select at least 6 applicants on a semi-annual basis. This application must be turned in no later than 10/05/2017
- Selection is based on the information provided within this packet (i.e. Commentary, Personal Essay, Character, and Accompanying Letters of Orthodontic and Financial Need.
- Please ensure that the packet is filled out completely and accurately. Incomplete packets will not be submitted to review board for selection process.
- If you would like to reapply, please speak with an S4L representative for further information.



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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 NewspaperCASA 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.

## 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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PLEASE ENSURE APPLICATION IS COMPLETED IN ITS ENTIRETY PRIOR TO SUBMISSION. INCOMPLETE APPLICATIONS MAY BE SENT BACK.  
IF YOU HAVE ANY QUESTIONS REGARDING ANY COMPONENTS OF THE APPLICATION PLEASE EMAIL S4L-SF CHAIRMAN KAYLA LEBO VIA  
EMAIL: [KAYLA@IMAGEORTHODONTICS.COM](mailto:KAYLA@IMAGEORTHODONTICS.COM)