



APPLICANT CRITERIA

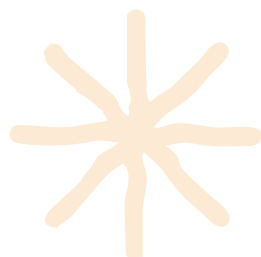
The Applicant **MUST** meet all points of the list to be a candidate.

1. Must be a resident of Tarrant County, TX.
2. Be between the age of 11-18 years' old.
3. Family income of no more than 185% of the poverty level. (In general, if the applicant qualifies for the free or reduced-price school lunch program, he or she may meet the financial qualifications. [Refer to Financial Table]
4. Must have a significant aesthetic need and desire for braces.
5. Must be currently enrolled as a full-time student.
6. Must have a positive attitude.
7. Must agree to follow the treatment plan and demonstrate the ability and commitment to make all appointments on time.
8. Must show involvement and leadership in extracurricular activities.
9. Must have 2 positive recommendations from teachers or community leaders.
10. Must be willing to complete 40 hours of a volunteer community service program as a pay it forward project during treatment.

How to Apply

- Complete application form and essay questions. [Application Form pdf] Essays must be completed by the applicant. Applications that are incomplete or do not meet the criteria will not be reviewed.
- Two Letters of Recommendation. Please do not submit more than 2 and limit the letters to one page each. Letters should be from someone who knows the applicant well such as a teacher or community leader. Letters should not be from family members. Please include contact information so the committee can follow-up on references if necessary.
- Include two pictures of the applicant – 1 smiling facial photo and 1 more close-up with the teeth clearly visible.
- Proof of household Income. This can be a copy of your most recent tax return.
- A copy of your recent report card or school transcript.

The application and supporting documents will not be returned and will become the property of Smile For A Lifetime of Tarrant County.



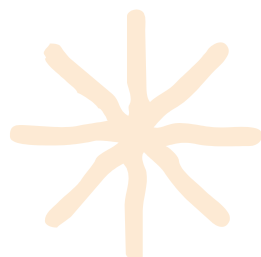


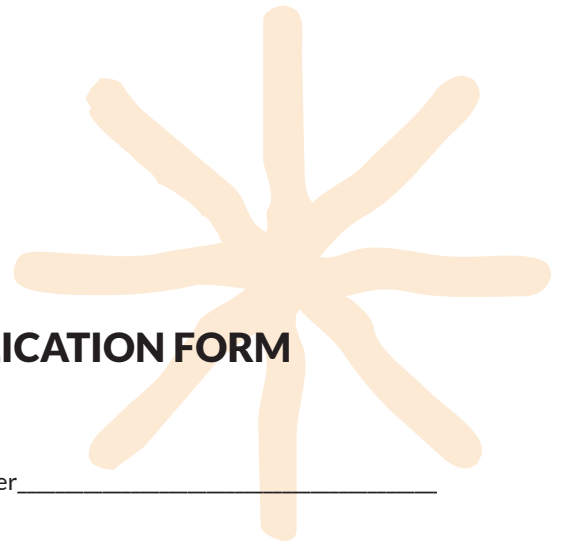
FINANCIAL TABLE

2017-2018 Federal Poverty Guidelines

United States

Persons in Household	Federal Poverty Level Annual Income	185% FPL Annual Gross	200% FPL Annual Gross	250%FPL Annual Gross
1	\$12,060	\$22,311	\$24,120	\$30,150
2	\$16,240	\$30,044	\$32,480	\$40,600
3	\$20,420	\$37,777	\$40,840	\$51,050
4	\$24,600	\$45,510	\$49,200	\$61,500
5	\$28,780	\$53,243	\$57,560	\$71,950
6	\$32,960	\$60,976	\$65,920	\$82,400
7	\$37,140	\$68,709	\$74,280	\$92,850
8	\$41,320	\$76,442	\$82,640	\$103,300





Smile For A Lifetime of Tarrant County - APPLICATION FORM

Applicants name _____ Age ____ Date of Birth _____ Gender _____

Name of Parents or Legal Guardian _____ Relationship to Applicant _____

Address _____ City _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

Is applicant a full-time student N/Y Grade: ____ GPA _____

Name of School _____

Number of times the applicant has applied for the Smile For A Lifetime Scholarship _____

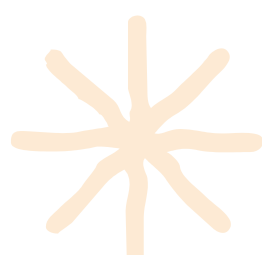
Total Annual Household Income \$ _____ (Include a copy of last year's tax return)

How did you hear about this program? _____

- 1. Include (2) 5x7 photos of applicant. One head shot showing a full smile and teeth. One should show only the teeth.
- 2. Include 2 letters of recommendation.
- 3. Include a copy of current report card or school transcript.
- 4. Include completed answers to all the questions on the attached Applicant Questionnaire.

Signature of parent or legal guardian: _____

Date: _____



 **TARDY**
ORTHODONTICS

1220 HWY 287 N
Mansfield, TX 76063
817.453.8826
tardyortho.com



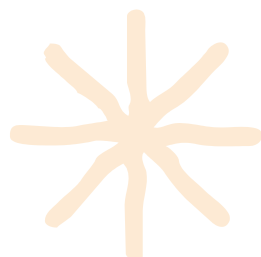
APPLICANT QUESTIONNAIRE

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

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

3. Why do you want braces? What prevents you from getting braces now? How do you feel about your current smile? How do you think braces will improve your life now and in the future? _____

4. If you had a chance to do a favor for another young person or a group of young people, without any expectations of being paid back, what would you do? _____





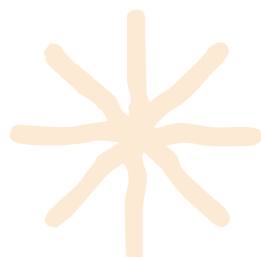
SPREAD THE SMILES PROJECT

Guidelines

1. Create a unique community service project reflecting your personal talents that directly benefits other children or persons in your community.
2. Submit a written Smile Project Proposal to your selection advisor by email or US postal. Your project must be approved prior to beginning treatment.
3. Your Smile Project Proposal should include 3 sections: Project Description, Project Timeline, Project Details
4. Plan to complete the 40 hours of community service in your Smile Project Proposal during your first year of treatment. Submit a written Project Report when your Project is completed.

Here's how to put your Smile Project Proposal together

- Project Description- answer the following: What is the project you are planning? Why are you choosing this form of service and how does it reflect your interests and talents? Who will benefit from the project and how will they benefit?
- Project Timeline-Write a few sentences explaining how you will use your 40 hours to plan and execute your project.
- Project Details- This will be very specific to your project. You should describe the present conditions you hope to improve. You could outline your method, list your materials, and project how many helpers you will have. You may need to estimate the cost to do your project and how you plan to obtain the needed funds or items needed to carry-out the project. S4L can provide you a letter to give to anyone you would like to solicit donations from for your project. Are approvals needed for your service? - like from a school, church, or community leader? If so, demonstrate you have received approval with signatures from the appropriate individuals. If appropriate, submit photographs before the project begins. Plan to provide before, during, and after photographs of your project in the final report so we can get a clear example of your efforts.





SPREAD THE SMILES PROJECT CONTINUED..

When your Smile Project is complete, here is how to put your Project Report together:

1. Include a record of your time like this:

- Hours I spent planning the project _____
- Hours I spent carrying out the project _____
- Total Hours I worked on the project _____

2. Your project report could list the materials required, the cost or items received as donations and from whom.

3. Your project report should include before, during, and after pictures.

4. Your report should answer these questions:

In what ways did your target group benefit from your project?

Did the project follow the plan?

If the plan changed, explain why?

In what way did you benefit from conducting the project experience?

In what way did you experience leadership?

One of the committee members will be assigned to advise you along the way.

