



**BUMGARNER & MARTIN**  
**ORTHODONTICS**

Board Certified Specialists in Orthodontics



**SMILE FOR A LIFETIME**  
**Application Form**

Applicant's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name of Responsible Party \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (of applicant) \_\_\_\_\_

Email Address \_\_\_\_\_

Is applicant a full time student? Y | N Current Grade Level \_\_\_\_\_ Current GPA \_\_\_\_\_

Name of School \_\_\_\_\_ City of School \_\_\_\_\_

Number of Times Applicant Has Previously Submitted an Application to Smile For A Lifetime \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_

How did you hear about Smile For A Lifetime? \_\_\_\_\_

**PLEASE COMPLETE AND ATTACH THE FOLLOWING TO YOUR APPLICATION:**

1. Two 5x7 photographs of the applicant. *One photo should be a head shot showing a full smile and teeth, and one photo should show only the applicant's teeth.*
2. Two letters of reference (one page, typed) from a teacher or community leader who knows the applicant. *Letter should describe why the applicant is a good candidate for Smile For A Lifetime.*
3. A copy of last year's household tax return, W-2s, or a copy of the most recent pay stubs for all family wage earners.
4. A copy of the applicant's last report card or school transcript.
5. Complete the Applicant Questionnaire on the back of this form.

You can submit your application by EITHER:

Scanning and emailing your completed form  
 along with all supporting documents to:

LaurenM@SmilesbyBMO.com

**OR**

By mailing form and supporting documents to:

Bumgarner & Martin Orthodontics  
 c/o Lauren Martin (Smile For A Lifetime)  
 1268 South Main Street  
 Wake Forest, NC 27587

NOTE: Applications, pictures, and supporting documents will NOT be returned, and will become the property of Smile For A Lifetime.

# SMILE FOR A LIFETIME

## Applicant Questionnaire

*(Please feel free to attach any additional pages to this application if you'd like more space.)*

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?

2. Tell us about your family. How many people live at home with you? Who are they?

3. Why do you want braces? What is preventing you from getting braces now? How do you feel about your smile as it is currently? How do you think braces will improve or change your life now and in the future?

4. If you had a chance to do a favor for another young person, without any expectation of being paid back, what would you do? Who would you do it for? Explain your answer.