

## Requirements for Applicant

Applicants are selected from a pool of applicants by the board members of Smile for a Lifetime Foundation, Bakersfield, to receive orthodontic treatment. There is some professional guidance, if requested, but the decision is largely subjective and based on the application commentary and the accompanying letters of recommendation. Orthodontic treatment for the Bakersfield chapter of Smile for a Lifetime Foundation will be provided by certified orthodontists, Dr. Donald R. Montano and Dr. Wes Cardall, of Montano & Cardall Orthodontics.

### Applicant Requirements:

- Must have a significant aesthetic need for braces
- Must demonstrate financial need
- Must be between 11 and 17 years old
- Must be a Junior grade level in High School or under at time of application.
- Must be a currently enrolled student with a 3.0 GPA or better
- Must demonstrate a positive attitude
- Must agree to follow the treatment plan, and demonstrate the ability and commitment to make all appointments on time
- Must show involvement and leadership in extracurricular activities
- Must submit a 5X7 head-shot photo of applicant with full smile and teeth showing.
- Must fill out and submit handwritten (not typed) application, applicant questionnaire and signed requirements for applicant form.
- Must have two positive recommendations from teachers, counselors, principals or community leaders that know the applicant
- Must be involved in community service, and be willing during the treatment period to “pay it forward” by completing 40 hours of community service at one of the charities on Smile for a Lifetime’s list. A charity of applicant’s choice may be submitted for approval by the Board Members of S4L.

### Requirements for Treatment:

I understand that appointments will be at the discretion of Montano & Cardall Orthodontics and will be in the AM prior to 12:00 noon. I acknowledge that appointments must be kept in order to achieve an expeditious and desirable result. I further understand that keeping appointments is essential to treatment success and is a requirement of accepting pro bono care from Montano Orthodontics on behalf of Smile for a Lifetime Foundation.

Cooperation is essential for successful orthodontic treatment. I will maintain a regular 6 month recall with a dentist for routine checkups, cleaning and recommended care.

If any problems or questions arise that will compromise my commitment to these requirements, I will inform Montano & Cardall Orthodontics immediately.

### Treatment Termination

I agree to keep all scheduled appointments. I understand that Montano & Cardall Orthodontics is committed to patient care and agree that I will cooperate with the following essential elements of successful treatment:

- Excellent oral hygiene: Poor oral hygiene (tooth brushing) will require termination of treatment due to medical and dental health risks.
- Excellent cooperation: Following rules for eating and habits will greatly reduce breakage of appliances (braces) and is necessary for satisfactory completion of orthodontic treatment. More than two (2) loose brackets may be deemed sufficient evidence that cooperation is not sufficient to meet minimal requirements for continuation of orthodontic treatment. Other cooperation issues are with failure to cooperate with maintenance of orthodontic auxiliaries, including elastics (wearing rubber bands), wearing head gear, and springs.
- Failure to show for treatment appointments. More than two missed appointments will be means for dismissal.
- Positive attitude: All patients accepted into orthodontic treatment or any other aspect of treatment supported by Montano & Cardall Orthodontics or Smile for a Lifetime Foundation will be expected to maintain an excellent appreciative attitude at all times. Rude behavior or an unappreciative attitude may result in termination of orthodontic or dental care at the discretion of the dental provider.

Applicant Signature: \_\_\_\_\_



# Application Form

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade level: \_\_\_\_\_ Current GPA \_\_\_\_\_ GPA average past 3 years \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

# of times applicant has submitted an application to Smile for a Lifetime: \_\_\_\_\_ Name of school: \_\_\_\_\_

**Parents'/Guardians'** Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

1. Parent/Guardian Name (print): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Income (gross annual): \_\_\_\_\_

2. Parent/Guardian Name (print): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Empolyer: \_\_\_\_\_ Income (gross annual): \_\_\_\_\_

Does applicant qualify for Medi-Cal or Healthy Families insurance? Yes No

Is applicant covered by dental insurance? (specify company and policy #): \_\_\_\_\_

Reference letter 1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference letter 2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about Smile for a Lifetime? \_\_\_\_\_

- 1) Include a 5X7 **head-shot** photo of applicant with **full smile and teeth showing**.
- 2) Include two letters of reference (typed and limit each to one page) from a school, church or community leader that knows the applicant.
- 3) Include handwritten applicant questionnaire completed by applicant and signed requirements for applicant form.

**Please mail completed application form, applicant questionnaire, 5X7 picture and reference letters to:**

Smile for a Lifetime Foundation  
1010 Calloway Drive Suite 200A  
Bakersfield, Ca 93312

For questions: 661-665-7600 or [S4L@MontanoCardall.com](mailto:S4L@MontanoCardall.com)

Candidates chosen for screening may be asked to provide verification of family income which may include a copy of last year's tax return, W-2, or a copy of the most recent pay stubs insuring Smile for a Lifetime that financial requirements are meet.

All applicant's pictures and supporting documents will **not** be returned and become property of Smile for a Lifetime Foundation.



# Applicant Questionnaire

1) I am a deserving candidate for Smile for a Lifetime because:

---

---

---

---

---

---

2) 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?

---

---

---

---

---

---

3) Tell us about your family. How many people live with you, and who are they?

---

---

---

---

---

---

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

---

---

---

---

---

---

5) If you had a chance to do a favor for another young person (or ideally three other young people), without any expectation of being paid back, what would you do?

---

---

---

---

---

---