



ADULT & CHILD
ORTHODONTISTS



PEDIATRIC
DENTISTS

Michael J. Mayhew, DDS, MS, FA
Diplomate, American Board of Orthodontics
Diplomate, American Board of Pediatric Dentistry

Stacy A. Conn, DMD
Diplomate, American Board of Pediatric Dentistry

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Diplomate, American Board of Orthodontics

Martha V. Hardaway, DMD, MS
Diplomate, American Board of Pediatric Dentistry

Application

Applicant Name: _____

Parents' Name: _____

Address: _____

Parent/guardian/applicant e-mail address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Submitted by (circle one) : Self Parent School Counselor Dentist Other _____

The applicant is an excellent candidate for Smile for a Lifetime because (please limit answer to space provided):

Number of times applicant has submitted an application to Smile for a Lifetime _____ Applicant age: _____ Applicant sex: _____

Applicant grade: _____ Household income: _____

Parent/guardian place of employment: _____

Do applicants qualify for NC Health Choice or Medicaid?: _____ Is applicant covered by dental insurance? (specify company and policy #): _____

You must submit a 5 X 7 **head-shot** photo of applicant with **full smile and teeth showing**.

You must have two letters of reference (typed and limit each to one page each).

You must provide verification of family income which can be last year's tax return W-2 or a copy of the most recent pay stubs.

Please mail completed form with picture and reference letters to:

Smile for a Lifetime Foundation
Attn: Risa Wallace
Drs. Mayhew and Scheffler
373 Boone Heights Drive
Boone, North Carolina 28607

For questions: Contact Risa at Drs. Mayhew and Scheffler Adult and Child Orthodontists at 828-264-0110, Extension 740

Candidates will be asked to provide verification of family income insuring Smile for a Lifetime that financial requirements are met.

All applications, pictures and supporting documents will **not** be returned and become property of Smile for a Lifetime Foundation.

