



Smile For A Lifetime  
Chapter for New London, Middlesex & Windham Counties

**APPLICATION**

To qualify, applicants must be under the age of 18 and a resident of New London, Middlesex or Windham County. Candidates should submit the completed application and the following:

- 2 letters of recommendation (may be from dentist, pediatrician, teacher, family friend, etc.)
- A 5x7 color photograph of the applicant’s face, with smile and teeth visible
- Verification of family income (first page of most recent tax return)

**Applicant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_

General Dentist: \_\_\_\_\_

Dental Insurance (Company and Policy #): \_\_\_\_\_

Does applicant qualify for Husky A Insurance? Yes No

The applicant is an excellent candidate for Smile for a Lifetime because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent / Guardian Information**

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Income: \_\_\_\_\_ # of Family Members Living in Household: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Income: \_\_\_\_\_ # of Family Members Living in Household: \_\_\_\_\_

Please mail completed application form and supporting documentation to:  
Orthodontic Associates of Southeastern Connecticut  
ATTENTION: Smile for a Lifetime  
196 Parkway South, Suite 305  
Waterford, CT 06385

Questions may be directed to Shannon at (860)443-1827x211 or Shannon.s@oasect.com