



## Application Guidelines

- **Two** Letters of Recommendation are **mandatory**. (Please do not submit more than two). (Letters should be from a teacher, dentist, doctor, guidance counselor, etc.)
- Each reference letter should only be **one page**, and should be **typed** or **printed clearly** in black ink (no pencil).
- The attached pictures of the applicant's teeth must be clear and must have a significant aesthetic need for braces.\*
- The applicant must be a resident of Union or Mecklenburg County or the surrounding area our foundation serves.
- Applicant must be a currently enrolled student.
- Applicant must have a positive attitude.
- Applicant must agree to follow the treatment plan, and demonstrate the ability and commitment to make all appointments on time.
- Applicant must not have any cavities and agree to see their dentist every six months.
- Applicant's family income must be no more than 200% of poverty level. (In general, if the applicant qualifies for the free or reduced-price school lunch program, he or she will meet the financial qualifications).

Return your completed application to:

**Starr & Dickens Orthodontics**  
**Attn: Smile for a Lifetime**  
**1326 Matthews Township Parkway**  
**Matthews, NC 28105**

\*If you wish to e-mail digital photos separate from the paper application, you may send them to [S4L@starrdickensortho.com](mailto:S4L@starrdickensortho.com)

Please indicate the applicant's name in your e-mail message.

Your application, letters of reference and pictures will **not** be returned to you and will become property of the Smile for a Lifetime Foundation.

Applications that do not meet the criteria above will not be voted on by our Board of Directors. Our Board of Directors confers quarterly to make their selections.

Please note that Dr. Starr and Dr. Dickens have agreed to be the orthodontic providers for this foundation. They do not serve on the Board of Directors or choose the recipients of the orthodontic scholarships.