



TO Smiles FREE Braces Application Form

Applicant's name: _____ Age: ____ DOB: _____

Name of parent or legal guardian: _____ Relationship to applicant: _____

Street Address: _____ City: _____ Zip: _____

Primary phone number: _____ Secondary phone number: _____

Email address: _____

Grade: ____ GPA: ____

Name of School: _____

Total household income: \$_____. (Please include an income verification - copy of paycheck or tax document)

How did you hear about TO Smiles? _____

Complete applications must include the following::

- 1) A head-shot picture smiling with teeth showing
- 2) One letter of recommendation from a teacher or community leader
- 3) A copy of the applicant's last report card or school transcript.
- 4) Completed Applicant Questionnaire
- 5) Income verification - copy of paycheck or tax document

Submit complete applications with required materials to:

Total Orthodontics
10450 Park Meadows Drive Suite 300
Lone Tree, CO 80124

or submit via email to TOP@tosmiles.com

Please email any questions to TOP@tosmiles.com

Note: Applications, pictures and supporting documents will not be returned.

Signature of parent or legal guardian: _____ Date: _____



TO Smiles FREE Braces Applicant Questionnaire

- 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 with you, and who are they?

- 3) 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?

- 4) If you had a chance to do a favor for another young person or a group of young people, without any expectation of being paid back, what would you do?
