



Orthodontist:
Don L. Wilson,
DDS, MSD

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Marin County Office of Education

Mahr Elder, DDS, MD
Oral & Maxillofacial Surgeon

Mike Haas, CPA
Haas & Reaney, LLP

Morgan Hoburg
San Francisco Bar Pilot

Roger Vosburg
Attorney at Law

Todd Farber
ABC7

Who Qualifies for Orthodontic Scholarships:

Children ages 10-17 residing in Novato or San Rafael, with a household income that does not exceed 200% of the US Department of Health and Human Services' poverty guidelines.

Please Attach:

- 3 photos of the applicant (See sample photos and details on the back of this form.)
- 2 letters of reference that are inspiring character references explaining the unique reason why this applicant should be chosen. (Limit to 1 page each. Type or print clearly with blank ink.)

Applicant Information:

Applicant's Name: _____

Date of Birth: _____ / _____ / _____ Grade: _____

Applicant's Personal Paragraph: (by applicant)

This orthodontic scholarship is important to me because:
(please limit answer to space provided)

Paragraph by Person Submitting Form: (by parent, counselor, dentist, other)

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

Parent/Guardian Information:

Parents'/Guardians' Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Annual Household Income: _____

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

How did you hear about this program? (List name of event, clinic, person, website, etc.)

If selected for the next phase of screening, proof of income and proof of residency in Novato or San Rafael will be required.

*If chosen for an orthodontic scholarship, applicant must agree to **only morning appointments** at Dr. Don Wilson's office.*

Submit application, 3 photos, and 2 letters of reference by JUNE 13th, 2012 to:

Attn: Smile for a Lifetime
Office of Dr. Don Wilson
7250 Redwood Blvd., Ste. 107
Novato, CA 94945



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Please attach 3 photos of applicant: (see below for samples)

IMPORTANT NOTE: For ALL photos, make sure the applicant's teeth are positioned in their normal bite (where back teeth touch like they do when chewing food).

- 1) 5"x7" front view with full smile and teeth showing (teeth should be touching in normal bite)
- 2) 5"x7" profile view with mouth closed (teeth should be touching in normal bite)
- 3) 5"x7" close up view of teeth with cheeks pulled apart (teeth should be touching in normal bite)



Sample Photo #1



Sample Photo #2



Sample Photo #3