



1865 El Camino Real, Palo Alto, CA 94306
www.wuortho.com/smile-for-a-lifetime | s4lwuortho@gmail.com

Smile for a Lifetime Orthodontic Scholarship Opportunity

Our goal is to provide Midpeninsula youth with a significant need for braces and financial struggles the opportunity to receive no cost braces. In return, we ask that they “pay it forward” by volunteering within their community throughout their braces treatment time.

How to apply:

1. Read and agree to the Participation Guidelines
2. Complete and submit an Application (included in this packet), two letters of recommendation and two 5X7 photos of applicant.
3. Once the Application is accepted for consideration, be prepared to:
 - a. Visit Dr. Wu’s office for an evaluation (1 hour and only in the morning).
 - b. Submit the documentation needed to verify financial need.
 - c. Submit a dental referral form.
 - d. Submit a signed Contract.
 - e. Propose a “Pay it Forward” plan that includes 40 hours of community service.

NOTE: Be prepared to complete Step 2 application if this (Step 1) application is accepted.

Participation Guidelines

- **Must be between the ages of 11 and 17 years old.**
- Must only have morning appointments.
- Must be a resident of the Midpeninsula (which includes East Palo Alto, Menlo Park, Redwood City, Mountain View, Palo Alto, Portola Valley, Sunnyvale)
- Must have a significant aesthetic need for braces.
- Must have a family income of no more than 200% percent of poverty level,
<http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html>
(If applicant qualifies for free or reduced price school lunch, they would meet the financial qualifications).
- Must follow the treatment plan and demonstrate the ability and commitment to make all appointments on time.
- Must agree to see their dentist every six months.
- Must demonstrate current volunteer involvement in the community.
- Must complete 40 hours of community service over the course of treatment.
- Must have a positive attitude.

Application Requirements

- Two letters of recommendation. Letters should be from a teacher, community leader, guidance counselor, dentist, etc. Letters should not be from family members.
- Two 5X7 photos of applicant. One photo should be a headshot showing a full smile and the teeth and one photo should show only the applicant’s teeth. The photos must be clear.
- Must complete answers for all the questions on the application.
- Must provide a copy of the applicant’s last report card or school transcript.
- Application essays must be completed by the applicant, not by the parent.
- Applications that are incomplete or do not meet the criteria above will not be voted on by our Board of Directors. Our Board of Directors meet twice a year to make their selections. Please note that Dr. Eric Wu and staff do not serve on the Board of Directors or choose the recipients.



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Application Form

Applicant Name _____ Age _____ Sex: F () M ()

Birthdate _____ School _____ Grade _____

Home Address _____

City _____ State _____ Zip _____ How long at this address? _____

Home Phone _____ Cell Phone _____ Email _____

General Dentist _____ Dentist Phone _____

How did you hear about Smile for a Lifetime? _____

PARENT OR GUARDIAN INFORMATION

(1) Name _____ E-mail _____

Home Address _____ Own () Rent ()

City _____ State _____ Zip _____ How long at this address? _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to Applicant _____

(2) Name _____ E-mail _____

Home Address (if different than above) _____ Own () Rent ()

City _____ State _____ Zip _____ How long at this address? _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship to Applicant _____

Please mail completed application form with pictures and letters of recommendation to:

Wu Orthodontics, Attn: Smile for a Lifetime Midpeninsula 1865 El Camino Real, Palo Alto, CA 94306

For questions: e-mail s4lwuortho@gmail.com

All pictures and supporting documents will **NOT** be returned and become the property of Smile for a Lifetime.

Deadlines: Applications are due March 1st and Sept 1st
The Board of Directors makes selections in the Spring and Fall.



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Financial Need

Must have a family income of no more than 200% percent of poverty level as defined in the table below. (If applicant qualifies for free or reduced price school lunch, they would meet the financial qualifications).

Household Size	Maximum Annual Income to Qualify
1 person	\$23,760
2 people	\$32,040
3 people	\$40,320
4 people	\$48,600
5 people	\$56,880
6 people	\$65,160
7 people	\$73,460
8 people	\$81,780

Please complete the following:

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Is your family's annual income below the income levels listed above (for example, a family of 4 people with an income of less than \$48,600 per year)? | _____ | _____ |
| 2. Are you eligible for free or reduced price lunch? | _____ | _____ |
| 3. You will be required to provide documentation such as tax returns, etc. to verify your family's income. Will you be able to do that when asked? | _____ | _____ |



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Essays

FOR APPLICANT TO ANSWER:

Tell us why you would be the ideal candidate for Smile for a Lifetime.

Tell us about your family. How many people are in your family and describe your relationship with them:

There are many reasons why people get braces; please circle the following that apply or feel free to add your own:

- | | | |
|----------------------------------|-------------------------------|---|
| Jaw and/or mouth pain | I cover my mouth when I laugh | I'm embarrassed to smile |
| Discomfort while eating/drinking | I look down when talking | I have a hard time sleeping/Sleep apnea |
| Speech Impediment | I get teased about my teeth | It's hard to clean my teeth well |

Are there any special circumstances that you would like us to be aware of?

Have you done the following? PLEASE INCLUDE:

- Two 5X7 photos - FULL SMILE and TEETH SHOWING.
- Two letters of recommendation.
- Copy of last report card or school transcript.
- If you are eligible for reduced price lunch, please include a copy of qualification.
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“Pay it Forward” Planning Process

After selection and before starting your orthodontia treatment you will be creating a “Pay it Forward” Plan.

In our community, and all over the world, there is a great need for a great many of things. Being able to help those in need raises awareness and hope in the community and gives us, as individuals, the opportunity to reflect on our own needs versus those of others. Take some time to reflect on the needs of your community. This will take some time and research on your part. Read your local newspaper, talk to a teacher or friend and choose a non-profit /charitable organization you feel you can impact the most in your community or the world. Think of it as a business plan for your soul!

Here are some ideas for you to get started:

Collect and donate goods:

- Check with a local charity, church, shelter, humane society or orphanage if they need anything.
- Non-perishable food, hygiene items, clothing or toys they are in need of.
- Check around your house and see if there are things that are gently used/loved but no longer needed.
- Check with neighbors, let them know what you are doing and ask if they can help.
- Collect treats, magazines, and hygiene items for soldiers overseas or something to remind them of home.

Donate your time:

- Check with a local charity, church, shelter, humane society or orphanage if they need volunteers. Every little bit helps.
- Sweeping, mopping or reorganizing can help considerably when it comes to redistributing goods.
- Take dogs for a walk or refilling their water and food dishes. Just petting and spending time with them so they know they are loved.
- Everyone has a neighbor who is in need of light housework, or maybe yard maintenance that’s been put off because of injury.
- If you like art or poetry, write letters to soldiers for holidays or draw a picture for thanks.

Smile for a Lifetime Midpeninsula [S4L] is a 501(c)(3) non-profit organization that provides no cost braces to underserved children in the local community.