



Application

Date: _____

Applicant Name: _____

Parent's Names: _____

Address: _____

Date of Birth: _____ Dentist: _____ Last Visit: _____

Is there dental work to be completed: _____ Applicant age: _____ Applicant grade: _____

School applicant attends: _____ Accumulative GPA: _____

Parent/guardian/applicant e-mail address: _____

Responsible party phone numbers: Home: _____ Cell: _____

Does applicant qualify for Medicare/Medicaid/CHIP? Yes / No

Father's annual income (per year): _____ Mother's annual Income (include Child support): _____

Father's place of employment: _____ Mother's place of employment: _____

Is applicant covered by dental insurance? (specify company and policy #): _____

Is applicant willing to volunteer 30 hours of his\her time, if selected? _____

If so, list 2 places you would like to volunteer? 1. _____ 2. _____

Submitted by (circle one): Self Parent Teacher School Counselor Dentist Church Leader Other: _____

How did you hear about Weber County Smiles: _____

The applicant is an excellent candidate for Weber County Smiles because (please limit answer to space provided): _____

Income Eligibility Chart

Persons in Family	Federal Poverty Level	PSF Guideline (185%)	Monthly	24 Paychecks per Year	26 Paychecks per Year	Weekly
1	\$11,770	\$21,774	\$1,814	\$907	\$837	\$419
2	\$15,930	\$29,470	\$2456	\$1228	\$1133	\$567
3	\$20,090	\$37,166	\$3097	\$1549	\$1429	\$715
4	\$24,250	\$44,862	\$3738	\$1869	\$1725	\$863
5	\$28,410	\$52,558	\$4380	\$2190	\$2021	\$1010
6	\$32,570	\$60,254	\$5021	\$2511	\$2317	\$1159
7	\$36,730	\$67,950	\$5662	\$2831	\$2613	\$1307
8	\$40,890	\$75,646	\$6304	\$3152	\$2909	\$1455

- You must submit photos with the **full smile and teeth showing**.
- You must provide verification of family income (both parents) for the last two years. Please include the last two years of taxes including all schedules. Must have **both** parent's taxes if not filed jointly, also include all child support.
- You must have two letters of recommendation (typed and limited to one page each).
(For example: dentist, hygienist, physician, friend, family member, teacher, pastor, etc.)

Candidates chosen for screening will be asked to provide verification of family income which may include a copy of last year's tax return, W-2, or a copy of the most recent pay stubs insuring Weber county Smiles that financial requirements are met. All applicants are subject to a credit check. All applications, pictures, and supporting documents will not be returned and become property of Pobanz Smile Foundation.

Responsible Party Signature: _____ **Date:** _____

Please mail completed form with picture and recommendation letters to:

Weber County Smiles
Attn: Andrea Miller
1508 East Skyline Drive Suite 200
South Ogden, UT 84405

Questions? Contact us:

801-627-0500

andream@webracem.com

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 ideally three other young people), without any expectation of being paid back, what would you do?



Helpful guidelines in applying for braces through Weber County Smiles:

- Must have a significant aesthetic need for braces.
- Applicant must be between 11 and 18 years old. (All ages will be considered on a case by case basis.)
- Must be a currently enrolled student.
- Must demonstrate a positive attitude.
- Must agree to follow the treatment plan, and demonstrate the ability and commitment to make all appointments on time.
- Must show involvement in the community and leadership in extracurricular activities
- Must include the last two years of taxes for both parents, including all schedules.

Letters of Recommendation are mandatory. Please do not submit more than two letters, and limit each recommendation letter to one page each. Please type or print clearly with black ink (no pencil).

- Your attached photos of the applicant and applicant's teeth must be clear.
- All applicants are subject to a credit check.
- Your application, letters of recommendation and photos will not be returned to you and will become property of Weber County Smiles.
- **Return your complete application, letters of recommendation, W2, and photos to:**

Weber County Smiles
Pobanz Orthodontics
Attn: Andrea Miller
1508 East Skyline Drive Suite 200
South Ogden, UT 84405
andream@webracem.com