



Turner Orthodontics
Dr. Andy Turner DDS, MDS
120 Capital Drive suite 104
Knoxville, Tn 37922
(865) 357-7878
www.knoxbraces.com

- You must submit two 5 x 7 photos of the applicant. One photo should be a headshot showing a full smile and the other should show only the applicant's teeth.
You must have two letters of reference (typed).

Applicant's Name: Age: Grade:

Name of Parent/Guardian: Relationship:

Address: City: Zip:

Home Phone: Cell Phone: E-Mail:

Parent/Guardian Employment:

Is the Applicant covered by dental insurance? Does Applicant qualify for government assistants:

Annual Household Income: Please be prepared to show a copy of last year's tax return, W-2s, or a copy of recent pay stubs for all family wage earners.

Submitted by (circle one): Self Parent Educator Dentist Other

E-mail address for Submitter: Phone:

The Applicant is an excellent candidate for a Smile for a Lifetime Orthodontic Scholarship because:

Multiple horizontal lines for writing the reason for the scholarship recommendation.

Please mail completed form with pictures, reference letters & questionnaire to:

Smile for a Lifetime
Attn: Jessica Huskey
120 Capital Drive suite 104
Knoxville, Tn 37922

Questions: s4lknox@yahoo.com

All applications, pictures and supporting documents will NOT be returned and become property of Smile for a Lifetime foundation.
Candidates chosen for screening will be asked to provide verification of family income.

Applicant Questionnaire:

1. Tell us about yourself. What are your interest and hobbies? What extracurricular activities are you involved with? Do you participate in any community service or volunteer projects? What are you goals for your future?

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2. Why do you want braces? How do you feel about your smile now? How do you think braces could improve you life now and in the future?

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3. If you had a chance to help others, would you? If so, list ways you'd like to assist others.

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