



P.O. Box 446 Somers Point, NJ 08244 • 272-9237 or BRA-YCES • smile4alifetime@brayces.com

Smile for a Lifetime is a non-profit organization that provides orthodontic scholarships to children that normally would not be able to afford treatment. Dr. Bray and Dr. Tarby of “BRAYCES” Orthodontics have formed a local chapter to serve children ages 11-18 in the South Jersey area. There is no cost to those chosen to receive a S4L orthodontic scholarship. Scholars are asked to commit to 40 hours of community service during the course of their treatment. Scholars are chosen by a local board of directors in a competitive application process. Scholarships are limited and based on financial need, orthodontic need, and a complete and accurate application.

“BRAYCES” will select applicants semi-annually. Applications are continuously accepted throughout the year. Selection is based on the information provided within this packet (i.e. commentary, personal essay, character, and accompanying letters of recommendation), orthodontic and financial need. Please ensure that the packet is filled out completely and accurately. Incomplete packets will not be submitted to review board for selection process.

Eligibility

- Must be between the ages of 11-18
- Must reside in South Jersey
- Must have a functional and/or aesthetic need for braces
- Must currently be enrolled in school
- Must maintain a B average in school
- Family income of no more than (185%) of the federal poverty level. If chosen, proof of income will be required to verify eligibility prior to treatment (W-2, Income Tax Return, SSI Award Letter, Child Support, TANF grant letter etc.)
- Must demonstrate a positive attitude
- Must follow and abide by treatment plan set forth by the orthodontist and contract attached
- Must demonstrate the ability and commitment to make all appointments on time
- Must be willing to “pay it forward” by completing 40 hours of community service during treatment
- Must submit 2 positive letters of recommendation from community leaders, teachers, coaches, etc.
- Must submit 2 photos – 1 smiling headshot and 1 close-up of teeth with gums pulled back

Letters of recommendation and photos will not be returned and will become property of Smile for a Lifetime Foundation.

Questions:

“BRAYCES” Orthodontics, c/o Jennifer
P.O. Box 446, Somers Point, NJ 08244
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“BRAYCES”
We’ll make you smile



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Application Checklist

<input type="checkbox"/> Application – <i>completed in black or blue ink</i>	<input type="checkbox"/> Plan to “Pay It Forward”
<input type="checkbox"/> Household information – <i>complete and accurate</i>	<input type="checkbox"/> Report card
<input type="checkbox"/> Questionnaire – <i>handwritten by applicant</i>	<input type="checkbox"/> Letters of Recommendation
<input type="checkbox"/> Contract – <i>read and signed by applicant and guardian(s)</i>	<input type="checkbox"/> Photos

Applicant Information

Last name: _____ First: _____ Middle: _____

Age: _____ Date of birth: _____ M/F Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ GPA: _____ Guidance counselor: _____

Dentist: _____ Date of last visit: _____

Does the applicant require special medical care? [] Yes [] No
If yes, please explain _____

Has the applicant received prior orthodontic care? [] Yes [] No
If yes, please provide the following:
Doctor _____ Phone: _____ Services received: _____

Number of times applicant has applied to Smile For A Lifetime: _____

Parent/Guardian Information

Parent/Guardian #1 Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Status: [] Single [] Married [] Remarried

Occupation/Employer: _____ Income: _____ # of Family Members: _____



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Parent/Guardian #2 Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Status: [] Single [] Married [] Remarried

Occupation/Employer: _____ Income: _____ # of Family Members: _____

Household Information

Income Eligibility Guidelines						
Household Size	Federal Poverty Level	S4L Maximum Annual Income (185% of Poverty Level)	Weekly Gross Income	Monthly Gross Income	Twice Per Month Gross	Every Two Weeks Gross
1	\$11,770	\$21,775	\$419	\$1,815	\$862	\$908
2	\$15,930	\$29,471	\$567	\$2,456	\$1,167	\$1,228
3	\$20,090	\$37,167	\$715	\$3,098	\$1,472	\$1,549
4	\$24,250	\$44,863	\$863	\$3,739	\$1,777	\$1,870
5	\$28,410	\$52,559	\$1,011	\$4,380	\$2,083	\$2,190
6	\$32,570	\$60,255	\$1,159	\$5,022	\$2,388	\$2,511
7	\$36,730	\$67,951	\$1,307	\$5,663	\$2,693	\$2,832
8	\$ 40,890	\$75,647	\$1,455	\$6,304	\$2,996	\$3,152

How many people live in your household? Total: _____ Adults: _____ Children: _____

Primary Sources of Income

Name: _____ Occupation/Employer: _____

Hourly Wage/Salary: _____ Hours Worked Per Week: _____ Gross Income per Month: _____

Name: _____ Occupation/Employer: _____

Hourly Wage/Salary: _____ Hours Worked Per Week: _____ Gross Income per Month: _____



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Other Sources of Income

Please indicate if anyone in the household is currently receiving or will be receiving the following:

- Lump Sum Payment (Lawsuit/insurance, settlement, social security, SSI, SSDI, inheritance, lottery)?
Amount: _____ Frequency: _____
- Child Support
Amount: _____ Frequency: _____
- Alimony
Amount: _____ Frequency: _____
- Unemployment
Amount: _____ Frequency: _____
- Disability
Amount: _____ Frequency: _____

Benefits

Please indicate if you are receiving any of the following benefits:

- Food Stamps Amount: _____
- WIC Amount: _____
- TANF Amount: _____
- School Lunch Program Amount: _____
- State Provided Childcare Amount: _____
- State Provided Healthcare/Dental Amount: _____

Expenses

Please do not include living expenses (car insurance, utilities, groceries etc.)

- Expense: _____ Who it is for: _____ Amount: _____ Frequency: _____
- Expense: _____ Who it is for: _____ Amount: _____ Frequency: _____
- Expense: _____ Who it is for: _____ Amount: _____ Frequency: _____
- Expense: _____ Who it is for: _____ Amount: _____ Frequency: _____



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Insurance

Does the applicant receive Medicaid? [] Yes [] No

Does the applicant qualify for _____? [] Yes [] No

Is the applicant covered by dental insurance? [] Yes [] No

Insurance: _____ Policy number: _____ Cardholder: _____

References

1. Name: _____ Phone: _____ Relationship to applicant: _____

2. Name: _____ Phone: _____ Relationship to applicant: _____

How did you hear about Smile for a Lifetime (please circle one)?

- Internet
- Family
- Friend
- Dentist/Orthodontist
- Boys & Girls Club
- State Office
- Television
- Magazine
- Radio
- Newspaper
- CASA
- Other:

Are you a member of the Boys & Girls Club of America? [] Yes [] No

Do you have a CASA representative? [] Yes [] No

Contract

If selected from the pool of applicants by the board members of Smile for a Lifetime Foundation and by “BRAYCES” to receive orthodontic treatment there are a few guidelines required for treatment. Throughout the selection process there is some professional guidance, if requested, but the decision is largely subjective and based on the completeness of the application, commentary, personal essay, character and the accompanying letters of recommendation submitted with your packet. Orthodontic treatment for the “BRAYCES” chapter of Smile for a Lifetime Foundation will be provided by certified orthodontists, Dr. Bray and Dr. Tarby.

By submitting and signing this application you understand and agree to the following:

- I agree that appointments will be at the discretion of “BRAYCES” Orthodontics.
- I understand that this can mean scheduling appointments during non-peak hours (i.e. midafternoon Monday through Thursday)
- I acknowledge that appointments must be kept in order to achieve an expeditious and desirable result.
- I understand that keeping appointments is essential to treatment success and is a requirement of accepting care from “BRAYCES”.
- I will give “BRAYCES” at least 24 hours’ notice if I have to reschedule appointments.
- I understand that if more than two appointments are missed or appointments are constantly rescheduled it will be considered out of compliance, which is grounds for removal of braces and revocation of scholarship.
- If you must relocate prior to the conclusion of treatment, Smile for a Lifetime will do its best to find another service provider. However, it is not guaranteed that S4L will have another provider available in the area and/or can continue to provide treatment as a result.
- One retainer will be provided as a part of the scholarship award, any replacements will not be covered by “BRAYCES” or S4L.



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Direct responsibilities of the patient:

- Maintain excellent oral hygiene (i.e. tooth brushing, flossing). If unwilling to meet expectations, due to medical and dental health risks treatment will be discontinued.
- Follow the rules for eating habits. This will greatly reduce breakage of appliances and it is necessary for satisfactory completion of treatment.
- Cooperate. More than two (2) loose brackets may be deemed sufficient evidence that cooperation is not sufficient to meet minimal requirements for treatment.
- Other cooperation issues are with failure to cooperate with maintenance of auxiliaries including elastics, wearing head gear, and springs.
- Attitude. You will be expected to maintain an exceptionally appreciative and respectful attitude once accepted into orthodontic treatment or any other aspect of treatment supported by Dr. Bray and Dr. Tarby or Smile for a Lifetime. Rude behavior or an inappreciative attitude is unacceptable.
- Failure to comply to your responsibilities may result in removal of orthodontic equipment and discontinuation of treatment
- Honesty is expected. Any misrepresentation, falsification or exclusion of income will be grounds for dismissal from the program. Future applications will not be considered. There are many deserving children who are in need of orthodontics we are here to serve those in greatest need.
- If your child is the chosen applicant, you consent to Smile for a Lifetime’s (S4L) use, without charge, of all photos, video and audio recordings of your child. S4L may, copyright, broadcast, display, publish, re-publish and reproduce your child’s image, voice and any statements made by him/her, in whole or in part, in any and all media forms; and assign your child a fictitious name or use his/her first name, likeness, video, photograph, voice, statements and biographic or other information concerning his/her participation with S4L for fundraising or other promotional and advertising purposes. You and your child also agree to participate in surveys and case management during and after receiving treatment.

Legal Guardian Consent:

I certify that I am the legal guardian of the child listed on this application. I have all rights and authority to make medical decisions for the child, that all information in this application is true and correct.

This scholarship is intended specifically for underserved and deserving children in the community. There are many children who need and deserve an award-winning smile and while we do our best to serve those greatest in need, it is a competitive process and not everyone will receive a scholarship. Please take your time on your application; your time and effort will be taken into consideration when selecting applicants for scholarships.

Applicant’s Name (Printed First, MI, Last): _____ Applicant’s Signature: _____ Date: _____

Guardian’s Name (Printed First, MI, Last): _____ Guardian’s Signature: _____ Date: _____

Guardian’s Name (Printed First, MI, Last): _____ Guardian’s Signature: _____ Date: _____

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? What are your goals and aspirations? Take your time to answer these questions. Feel free to use an additional sheet of paper. Remember, this is a competitive process, the more you tell us about yourself, the better.



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Lined writing area for the first question.

2. Tell us about your family. How many people live with you? Who are they? What do you like to do together?

Lined writing area for the second question.



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Pay It Forward

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. It is important to find something that touches your heart and you are passionate about. For instance, if you love animals, help at a local animal shelter. If you relate to being hungry or even homeless, find a shelter or food bank you can support. The most important thing is that you connect to your community and know that you are making a difference.

A list of local charities can be found at the end of this application

Who: What is the name of organization, what type of organization is it, what is their mission statement/goal?

What: What does the organization need help with, what will you be doing, are there other volunteers?

When: When will you volunteer, what hours and days will you be there, what commitment is required by the organization?



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Example

Who: I spoke with Jane Doe at “Lost Dogs” which is a local animal shelter in Boise, Idaho. Jane is the manager at Lost Dogs. There are a lot of things she needs help with at the facility. Their mission statement says “A kindhearted society is where animals are respected, cared for and valued.” I think it’s very accurate because all animals should be loved. They currently house 52 cats and 27 dogs. They want to help at least 10 animals find a home by the end of the month and to match at least 100 animals with adoption families a year. In the next three years they would like to open another Lost Dogs animal shelter in Lewiston, Idaho.

What: When I spoke with Jane Doe at Lost Dogs, she said that she needs help with things like changing food and water dishes. I will also be able to pet the animals and take them for walks or to the play area outside. They have several kids my age who are also volunteers. Their next orientation is on January 1st, 2014 at 1:00pm. That is when I will learn more about Lost Dogs and have a better idea of what I will be doing at the shelter. Once I am trained, I will be able to help wash and shampoo the dogs. I hope that next year, when I am old enough, I will be able to volunteer as a Kennel Assistant.

Where: The Lost Dogs shelter is located at 1234 Main Street, Boise, Idaho 10445. There are several departments within Lost Dogs that take care of many different needs of the animals that live there. The media department, for example, they help raise money for the shelter so they can buy food and supplies. There is also an education and community department which helps put the word out about the importance of spaying and neutering your animals. I will be working in the caring for animals department and the small animal room assistant.

When: Lost Dogs animal shelter asks that we commit to at least eight hours of volunteering a month, for at least six months. This is because it takes time to train the volunteers and they need people they can count on. I have committed to serve a minimum of four hours every weekend. I will arrive at Lost Dogs at 10:00 am and leaving at 2:00 pm. I will do this for at least ten months. If time allows, I would like to volunteer more hours during the summer. Mrs. Doe says that more animals show up during summer months, so there is more that needs to be done. There is also more that needs to be done because most of the fundraising and community events happen in July, August and September.



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How: My aunt works at Lost Dogs. She will take me to the shelter on the weekends so I can volunteer. My mom and dad have also agreed to help take me on the weekends when my aunt cannot. I have money kept in my room to take the bus just in case my aunt or parents cannot take me. Maybe, I will meet new friends and we can arrange a carpool to help my parents out with the cost and time of travel. I will do everything I can to fulfill my commitment because I understand what it means to pay it forward and that Lost Dogs is counting on me and so are the animals.

Why: I love animals! I think they are amazing. I am really looking forward to volunteering at lost dogs. Last year, we had lost our cat Fluffy. We looked everywhere for him, we even posted flyers and asked neighbors if they had seen him. It was really sad because I have had fluffy since I was two and I was worried he wouldn't come home. Thankfully, Mom called Lost Dogs about a week later to find that someone had brought fluffy to the shelter. It was the wonderful people at Lost Dogs who had taken such good care of him. I want to be a part of caring for animals while their families are trying to find them and bring them home. I know how much it meant to me etc.



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Local Charities

- A.H.E.A.R.T. Ministries
- A Work in Progress Foundation
- The Arc of Atlantic County
- Atlantic Cape Foundation
- Atlantic City Day Nursery
- Atlantic City Housing Authority
- Atlantic City LTRG
- Atlantic City PeaceKeepers
- Atlantic City Police Athletic League
- Atlantic City Rescue Mission
- Atlantic County Mental Health Association
- Avoda Club
- Beat The Street Inc.
- Big Brothers Big Sisters
- BrigStrong
- The Boys and Girls Club
- CASA
- Campus Kitchen – Atlantic City
- Children's Specialized Hospital
- Court Appointed Special Advocates
- Catholic Charities
- The Charity League of Atlantic County
- The Child Federation
- The Covenant House of Atlantic City
- Community Food Bank of New Jersey
- County Homeless Trust Fund
- Department of Human Services
- Domestic Violence Shelters
- The Donny Fund
- Do Something Campaign
- EH T Police Athletic League
- Family Promise
- Family Service Association
- Free to Be Child Care Center – Galloway A
- Future with Hope – United Methodist Church group
- Gateway House
- Good News Clinics
- Habitat for Humanity
- Halfway House
- Haven
- Jewish Family Services
- Literacy Volunteers Association
- NCOHF: America's ToothFairy
- New Jersey Coalition to End Homelessness
- Ocean City Ecumenical Council, Inc.
- Ocean City Housing Authority
- One Simple Wish
- Operation Gratitude
- Our Children Making Change
- Pleasantville Housing Authority
- Public Library
- The Red Cross
- The Reliance Foundation
- The Salvation Army
- South Jersey Field of Dreams
- Stanley S. Holmes Village Homework Completion Program
- United Way
- The Women's Center
- Women's Leadership Initiative