



## SmileGrant™ Application

Applicants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian (if under 18): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E- Mail: \_\_\_\_\_

Who is your current general dentist? \_\_\_\_\_

Submitted by (circle one): Self Parent Dentist Other \_\_\_\_\_

Please explain why the applicant is an excellent candidate to receive a SmileGrant™ for orthodontic treatment. Please keep in mind that candidates will be evaluated based on overall needs (esthetic) as well as on potential benefits that he/she may experience from elective orthodontic treatment.

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Tell us about the applicant. Are there any interests, hobbies, or extracurricular activities that we should know about? \_\_\_\_\_

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How can orthodontics improve the applicant's daily life? \_\_\_\_\_

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Please submit this form along with a close up photo of your smiling teeth by email to [information@bandeenorthodontics.com](mailto:information@bandeenorthodontics.com) with "SmileGrant" in the subject, or send completed application with pictures & questionnaire to:

Bandeen Orthodontics  
4602 Beckley Road  
Battle Creek, MI 49015

Please note that application, pictures, and supporting documents will NOT be returned and become property of Bandeen Orthodontics.