



Who We Are

Smile For A Lifetime Foundation is a charitable, non-profit organization that provides orthodontic care to individuals who may not otherwise have the opportunity to acquire assistance.

The Smile For A Lifetime Foundation Chapter of Hershey, Lebanon and Western Berks County aims to award orthodontic scholarships to middle school and high school age children who meet established financial criteria, and who have a support system to help maintain a two year treatment plan.

For more information please visit the National Smile For A Lifetime Foundation website at: www.s4l.org

Our Mission

At Smile For A Lifetime Foundation it is our mission to create self confidence, inspire hope, and change the lives of children in our community in a dramatic way. The gift of a smile can do all this for a deserving, underserved individual who in turn, can use this gift to better themselves and our community.

Who Qualifies

The foundation has a board of directors who will meet twice a year to review all applications of those candidates who have met all of the requirements of the Smile For A Lifetime Hershey, Lebanon and Western Berks County Chapter. The board will vote and submit all of the potential award winners to be screened by Wertz Orthodontics. The doctors at Wertz Orthodontics do not select the candidates, they act as advisors to the board to aid in any orthodontic questions the board may have.

How to Apply

Please fill out the application below and mail it to the address provided. The application questions may be typed and attached to the application. All potential award winners must include with their application a 5x7 head shot showing their smile and two letters of reference from an adult expressing the reasons they feel the candidate is deserving of such a life-changing award.

Letters and photos will not be returned. You are not eligible for consideration if you have not met the criteria or have an incomplete application. You will be notified and can resubmit your application for future consideration.



Smile For A Lifetime Dr. Robert G. Wertz and Dr. Robert G. Wertz, Jr. – Founders & Orthodontic Providers



855 Norman Drive | Lebanon, PA 17042 541 West Penn Avenue | Robesonia, PA 19551

- 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 Name:			Age:		Grade:	_
Name of Parent/Guardian:		Relationship:			=	
Address:			City:		Zip:	_
Home Phone:	Cell Pl	hone:		E-Mail:		_
Parent/Guardian Employment:						
Is the Applicant covered by dental	insurance?:	_ Does Applicar	nt qualify for	government a	ssistance?:	
Annual Household Income: W-2s, or a copy of recent pay stub			ease be prepa	ared to show a	copy of last yearøs tax	return,
Submitted by (circle one): Self	Parent	Educator	Dentist	Other		
E-mail address for Submitter:				Phone:		
Applicants School District:				_		
I hereby approve the release this application (signed pare		rdian):			purpose of evalua	ting
The Applicant is an excellent cand		for a Lifetime C	Orthodontic S	Scholarship bec	cause:	

Please mail completed form (answers may be typed on a separate sheet) with pictures, reference letters & questionnaire to: Smile For A Lifetime c/o Wertz Orthodontics

855 Norman Drive | Lebanon, PA 17042

 $Questions: \ S4L@wertzorthodontics.com$



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Applicant Questionnaire:

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