

## Dental Plan Application

To be eligible for the Soroptimist International of Whitefish (SIW) Dental *Smile of Hope* Award, you must:

- 1) Be a woman with primary financial responsibility for supporting your family (including children, spouse, siblings and/or parents)
- 2) Employed and seeking higher paying position or be disabled and unable to work.
- 3) Have financial need
- 4) Be a woman who needs dental care to improve her health, her smile and her self-esteem
- 5) Be a non-smoker (due to oxygen deprivation of the gum tissue which interferes with health and healing)

Please type or print neatly in dark ink, the following application with two (2) reference forms:

### PART 1 – PERSONAL DATA

Name (last, first, middle initial)

SSN#

Address

City

State

Zip Code

Telephone

Cell

Email

Date

Marital Status

# of People Applicant

Supports

Relationship to Applicant (children and their ages, spouse, parent, etc.)

### PART II – PERSONAL STATEMENT

The SIW Dentistry Awards aid women who have faced economic and personal hardships and are seeking to gain and maintain dental health. The program helps women who serve as the primary wage earners for their families to seek dental care for health improvement.

Using another sheet of paper, please tell us in 250 words or less, what your dental needs are and why you would be a deserving recipient of the SIW Dental *Smile of Hope* Award.

### PART III – FINANCIAL NEED

The Dental Awards are given based on financial need. Your total income will be compared to your total annual expenses. Please be as exact as you can.

Provide the total annual household income from all sources. Include your income from employment, savings, child support, alimony, Social Security benefits and school loans or scholarships and all income received by any other household members.

### PART IV – REFERENCES

Please submit two (2) 250-word statements as personal references, from persons not related to you. These can be from school or work. Also, please submit proof of employment.

### PART V – AGREEMENT

I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify the Soroptimist International of Whitefish if there are any changes.

I understand that this award is not a scholarship and is therefore taxable for citizens of the United States. For more information, consult IRS publication 520.

I understand that my application becomes the property of the SIW. This application will be considered confidential unless the applicant grants Soroptimist written permission to release personal information for the purpose of publicizing the Soroptimist International of Whitefish *Smile of Hope* Award.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Send application with two completed references to:**

Soroptimist International of Whitefish  
Joanie Sorensen  
285 Glenwood Road, Whitefish, MT 59937