



## Smile of Hope Dental Grant Application

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

- 1) Be a woman, 18 years or older.
- 2) Employed, seeking employment or disabled
- 3) Have financial need
- 4) Be a woman who needs dental care to improve her oral health, employment opportunities and her smile
- 5) Be a non-smoker or committed to quitting (due to oxygen deprivation of the gum tissue which interferes with health and healing)

Applications will be evaluated based upon a written (200 word) personal essay, job verification, financial statement and 2 written references (Please submit all with the application)

**Please type or print neatly in dark ink the following application.**

### Part 1 - Personal Data

Name (Last, First, Middle Initial) \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_

Number of People in your household \_\_\_\_\_

Relationship to Applicant (Children and their age, spouse, parent, etc.) \_\_\_\_\_

### Part 2 - Personal Statement

The SIW Smile of Hope Dental Grant aids 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 improvement of their health.

Using another sheet of paper, please describe in 200 words or less:

Who you are

Your future goals

Your dental needs

How the grant could help you reach your future goals.

### Part 3 - Financial Statement (second form)

Financial need is based on Health and Human Services (HHS) guidelines to establish financial eligibility.

Please submit proof of employment if currently employed.

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 scholarship and all income received by any other household members.

## Part 4 - References

Please submit two (2) written references from persons not related to you from work or community with your completed application.

## Part 5 - 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 my application becomes the property of Soroptimist International of Whitefish. The 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 Grant.

Soroptimist International of Whitefish (SIW) Smile of Hope Dental Program may take/use my photograph, video, testimonial, or my name in publications/promotions without remuneration.

Please initial below indicating what you are giving permission:

\_\_\_ I give permission to release my application to the dental provider (s) who will be caring for me.

\_\_\_ I give permission to have before & after photos taken as part of my care.

\_\_\_ I, as a Smile of Hope Grant applicant, hold harmless SIW while participating in the Smile of Hope Dental Program.

Name: \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit: Application, personal essay, job verification,  
financial statement and 2 references to:**

**Soroptimist International of Whitefish (SIW)  
Attn: Smile of Hope Dental Program  
PO Box 1843  
Whitefish, MT 59937**



SOROPTIMIST  
Best for Women®