



## Smile of Hope Dental Grant Application

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

- 1) Be a woman, 18 years or older.
- 2) Employed, seeking employment or unable to work
- 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/vape/substance abuser or be 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 I – Personal data

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

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.)

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Smile of Hope program? \_\_\_\_\_



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## Part 2 - Personal Statement

Use another sheet of paper, and please describe in approximately 200 words – Who you are, your future goals, your dental needs, and how our grant could help you reach your future goals.

## Part 3 – Financial Statement

Financial need is based on Health and Human Services (DHHS) 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, school loans or scholarships.

- A. Total income from all sources. Also include all income received by any other adult family members.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

- B. Please list your or your family's annual living expenses:

Housing	\$ _____
Utilities	\$ _____
Food	\$ _____
Medical	\$ _____
Childcare	\$ _____
Transportation	\$ _____
Other expenses:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total expenses per year</b>	\$ _____



## Part 4 - References

Please submit two written references with your application from persons not related to you.

## 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.

Please initial below indicating what you are giving permission for:

- I give permission to release my application to the dental provider(s) who will be caring for me.
- I give permission to my dental provider and their office staff to release information to the Smile of Hope grant committee member regarding my care, my dental treatment plan and the cost of this treatment.
- I give permission to have before and after photos taken as part of my care.
- I give permission to use my photographs, video, testimonial, or my name in publications/promotions without remuneration.
- I, as a Smile of Hope Grant applicant, hold harmless SIW while participating in the Smile of Hope Dental Program.

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

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

Please submit: Application, personal essay, job verification, financial statement and two written references to:

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

You may also email us at [smileofhopesiw@gmail.com](mailto:smileofhopesiw@gmail.com)



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