

NAME OF CHILD (applicant): \_\_\_\_\_  
AGE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
(PLEASE SEND PICTURE OF CHILD)

# A Smile for a Child

## Foundation

### Helping kids with facial differences

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GRANT APPLICATION FOR  
SURGERY, DENTISTRY, HOSPITALIZATION, EDUCATION

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NAME OF CHILD'S FATHER: \_\_\_\_\_ AGE: \_\_\_\_\_  
NAME OF CHILD'S MOTHER: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
Give directions to applicant's home if street address is not show above.

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This application is made to request form the A Smile for a Child Foundation, hereinafter referred to as "Foundation", through it's financial programs and it's funds, by which the applicant/parents ward may (state physical handicap the reason for requesting grant)

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(ATTACH A COPY OF DOCTOR'S REPORT  
TELLING US WHAT IS WRONG WITH THE CHILD, PROGNOSIS  
AND THE ESTIMATED COSTS INVOLVED)

The applicant, his or her agent, natural parents, legal guardian, make all decisions pertaining to surgery or medical service.

The Foundation is to furnish funds only and does not have the knowledge or facility to determine if such surgery or medical services will be successful and any funds furnished are without any liability or obligation of any kind whatsoever.

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The funds requested are to be used for (1) Surgery, (2) Dentistry (3) Hospitalization  
(4) Education (Circle one) (For Education go to number VI)

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- I. List all persons living in the home with applicant (Applicants name first)
1. \_\_\_\_\_
  2. \_\_\_\_\_ Relationship \_\_\_\_\_
  3. \_\_\_\_\_ Relationship \_\_\_\_\_
  4. \_\_\_\_\_ Relationship \_\_\_\_\_
  5. \_\_\_\_\_ Relationship \_\_\_\_\_
  6. \_\_\_\_\_ Relationship \_\_\_\_\_
- II. Is applicant (or parent) employed? : \_\_\_\_\_  
Where? \_\_\_\_\_  
Annual Income \_\_\_\_\_  
How long at this employment? \_\_\_\_\_
- III. Is spouse of applicant (or parent) employed? : \_\_\_\_\_  
Where? \_\_\_\_\_  
Annual Income \_\_\_\_\_  
How long at this employment? \_\_\_\_\_

(If Mother and Father are divorced, please give information such as address, employment, and salary as requested for spouse)

List any hospitalization or medical insurance that you may have.

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

IV: INCOME:

Does any family member have any income other than earned income?

\_\_\_\_\_

V: CAPITAL RESOURCES:

Does applicant, parent or spouse own your home?

Value of home: \_\_\_\_\_

Balance owed on mortgage: \_\_\_\_\_

Loan with what company: \_\_\_\_\_

Number of lots: \_\_\_\_\_

Rent received from any part: \_\_\_\_\_

Does the applicant, spouse or parents own or are buying any real estate other than the \_\_\_\_\_ home?

Does applicant, parents or spouse own any items listed below:

Savings Accounts \$ \_\_\_\_\_

Checking Account \$ \_\_\_\_\_

Money not in bank \$ \_\_\_\_\_

Money owed to family \$ \_\_\_\_\_

Savings Bonds \$ \_\_\_\_\_

Stocks & Bonds \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Livestock \$ \_\_\_\_\_

Farm Equipment \$ \_\_\_\_\_

Mineral rights not on home property

If yes, explain:

\_\_\_\_\_

Has applicant, parent or spouse given away, sold or deeded, during the last five years any items of value, such as land, minerals, building, money, bonds, bank accounts, etc. \_\_\_\_\_

List any debts on which applicant, parent or spouse is making payments:

1. \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

2. \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

3. \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

4. \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

5. \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

6. \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

VI. Educational Scholarship available in two different categories

- A. \_\_\_\_\_ Category 1) Up to \$5000 educational scholarships will go to applicants who have diagnosed facial deformities such as cleft lip and palate, Treacher Collins, or other craniofacial anomalies. Applicant must have graduated from high school and be eligible to attend and be accepted to a university or other form of higher education
- \_\_\_\_\_ Category 2) Up to \$2500 funding for patients and/or parents of patients with facial deformities such as cleft lip and palate, Treacher Collins, or other craniofacial

anomalies who attend national, state, and local meetings for education or presentations in the field of facial deformities as cleft lip and palate, Treacher Collins, and other craniofacial anomalies (based on receipt expenses).

In category 1 described above, the maximum amount of scholarship provided would be up to \$5000. In category 1, the purpose of this scholarship would be tuition or books to higher education pursuits by the applicant. In category 2 above, the scholarships would be up to the amount of \$2500. The purpose of these scholarships would be for travel, housing, and a per diem for patients and parents of patients with craniofacial anomalies to attend national, state, and local meetings in regards to craniofacial anomalies.

- B. Person applying for Scholarship \_\_\_\_\_
- C. Purpose of Scholarship \_\_\_\_\_
- D. Provide documentation Category 1 applicants must provide of Acceptance in to a higher education institution. Category 2 applicants must submit the detailed information regarding the educational event.
- E. Category 1 Applicants must fill out sections I- V.
- F. The specific criteria used to select recipients include: Category 1 higher education scholarships, 1)he/she must be a patient with a diagnosis of cleft and craniofacial anomalies; 2) he/she must have achieved academic performance to the level to be matriculated into a higher education institution. Category 2 the applicant must be a patient, parent, clinician or interested party of craniofacial deformities. The application will be reviewed by a selection committee. No guarantees are given that a scholarship will be awarded.
- G. The RULES Category 1 Higher educational scholarship recipients must turn in bursar's receipts and book receipts to obtain their scholarship. Category 2 Patient, parent, and clinician scholarships for national, state, and local educational venues will also need to turn in receipts for distribution of scholarship. If it has been found that the terms of the scholarship have been violated, such as withdrawing from higher education within the semester that the scholarship was awarded, the foundation will take action to retrieve funds from the scholarship recipient, which may include a legal lien upon the scholarship recipient.

In making this request, I declare that the information given is true, correct and complete to the best of my knowledge. I agree to notify the Foundation immediately if at any time while the applicant is receiving funds he sells, conveys or encumbers any property he now owns or if he becomes possessed of any property or income other than that stated in this application.

I recognize the necessity for investigating the financial situation and other factors relating to eligibility under the law and hereby authorize that such information as is pertinent be released to any representative of the Foundation during the period covered by this request.

I understand that the information I have given will be carefully studied and that I might be asked to provide proof of the answers given. I further understand that any false statement makes me subject to prosecution for fraud. I hereby authorize the Foundation to make any necessary investigation to verify the information I have given.

\_\_\_\_\_  
Applicant Signature ( or parent of child)

\_\_\_\_\_  
Applicant Signature ( or parent of child)

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

(PLEASE FURNISH ALL INFORMATION, INCLUDING DR.'S REPORT  
OTHERWISE APPLICATION WILL NOT BE CONSIDERED)

# **A Smile for a Child** **Foundation**

**Helping kids with facial differences**

**1000 N Lincoln Blvd, Ste 2000  
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