



**SMILE APPLICATION**

I am applying for:  Myself  Someone else

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

Address \_\_\_\_\_ (Must be 55yrs or older)

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

Telephone # ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ (if different than above)

Telephone # ( ) \_\_\_\_\_

What would make you smile?

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

Give a brief description of yourself and why you should be chosen.

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

Please Complete and Return to:

Make a Senior Smile, Inc.  
PO Box 532  
San Dimas, CA 91773