



Application for Orthodontic Scholarship

- You must submit **TWO** 5 x 7 photos of the applicant. One photo should be a headshot showing a full smile and the other should show only the applicant's teeth.
- You must have **TWO** letters of reference from school counselor, teacher, scout leader, coach, clergy or other non-family mentor (typed).

Applicant's Name: _____ DOB _____ Grade _____ School _____

Name of Parent/Guardian: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian Employer: _____

Is the Applicant covered by Dental Insurance? _____ Annual Household Income: _____

Please be prepared to show a copy of last year's tax return, W-2's, or a copy of recent pay stubs for all family wage earners

Submitted by (circle one): Self Parent Educator Dentist other: _____

Email address of Submitter: _____ Phone: _____

The Applicant is an excellent candidate for a smile for a Lifetime Orthodontic Scholarship because:

Please mail completed form, with pictures, reference letters & questionnaire to:

GET-IT-STRAIGHT ORTHODONTICS

A Smile for Your Life
750 Pittsford-Victor Road
Pittsford, NY 14534

You may also email your application to : beth@get-it-straight.com

All applications, pictures and supporting documents will NOT be returned and become property of Get-It-Straight Orthodontics.
Candidates chosen for screening will be asked to provide verification of family income.

*****Services are 100% donated by Get-It-Straight Orthodontics*****

Application for Orthodontic Scholarship Questionnaire

(Must be hand written by applicant)

1. Tell us about yourself. What are your interests and hobbies? What extracurricular activities are you involved with? Do you participate in any community service or volunteer projects? What are your goals for the future?

2. Why do you want braces? How do you feel about your smile now? How do you think braces could improve your life now and in the future?

3. If you had a chance to help others, would you? If so, list ways you would like to assist others?

4. Wearing braces on your teeth requires EXCELLENT brushing and home care, including brushing 3 times per day and using a Water Pik daily. How willing are you to put the extra effort in caring for your teeth while going through orthodontics? _____

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a Smile for Your Life