a Smile for Your Life

Get It Straight! Orthodontics for Children and Adults

HELPFUL GUIDELINES IN APPLYING FOR BRACES THROUGH

A SMILE FOUR YOUR LIFE

Two (2) Letters of recommendation on letterhead are mandatory. Please do not submit more than two letters, and limit each recommendation letter to one page each. Recommendations should be from a mentor no relatives. Examples are teacher, coach, clergy, troupe leader etc.. Please type or print clearly with black ink (no pencil).

Two photos: one facial smiling picture and one close up of the teeth. The photo of the applicants teeth must be clear. Using a phone for pictures is acceptable.

The application, letters of recommendation and photos will **not** be returned to you and will become property of **A Smile for Your Life.**

The applicant must be a resident of the service area of this Chapter of the Foundation (Monroe, Livingston, Ontario and Wayne Counties).

Return your completed application, letters of recommendation and photos to:

A Smile for Your Life
c/o Get It Straight Orthodontics
750 Pittsford-Victor Rd
Pittsford, NY 14534
Or email to: