

**Get-It-Straight Orthodontics
Scholarship Award
750 Pittsford Victor Road
Pittsford, NY 14534
585-248-5100
info@get-it-straight.com**

1. **Award Title:** Get-It-Straight Orthodontics Scholarship Award
Purpose or Goal of the Award: this scholarship will be awarded to any patient who donates their time in any area of community service.
2. **Types of schools that qualify for Scholarship:**
 - a. Four Year College or University
 - b. Community college
 - c. Technical/Trade/Apprenticeship
 - d. Vocational
3. **Criteria for Award:**
 - a. Available to any graduating senior who **does not** attend one of the following schools: Fairport, McQuaid, Mercy, Aquinas, West Irondequoit, Palmyra-Macedon, Penfield, Victor, Gananda, Pittsford Sutherland, Pittsford Mendon, Hilton.
 - b. Student must be a **current or previous patient** of **Get-It-Straight Orthodontics**, who underwent orthodontic treatment (braces with maintenance retainers) in the Pittsford, Palmyra, Greece or Gananda location.
 - c. Student must have a history of community service, in any area that was of benefit to others, or a contribution to society. **Submit a 300 word essay on your contributions in community service and how it has impacted your life. Attach essay to your application form.**
 - d. Include name, address, phone number, and email address on essay submitted for consideration.
 - e. Supply names and phone numbers of an advisor who worked with you during your community service
 - f. Submit application to Pittsford office or email to info@get-it-straight.com no later than June 21, 2027.
4. **Individual Award Amount:** One Time Award of \$500.00
 - a. Scholarship will be awarded to **two recipients per year**. This scholarship will be awarded every year until further notice.
5. **Scholarship will be awarded to candidate who most contributed to our community***

**GET-IT-STRAIGHT
ORTHODONTICS
SCHOLARSHIP
APPLICANT INFORMATION SHEET**

APPLICANT DATA

Name: _____

Permanent Address: _____

Phone number: _____

Date of Birth: _____

SCHOOL DATA

High School _____

Graduation date _____

Future Plans _____

ORTHODONTIC TREATMENT DATA

Office (please circle one): Pittsford Gananda Greece

Approximate Patient Dates: _____

PLEASE ATTACH YOUR 300 WORD ESSAY TO THIS APPLICATION FORM

Applicant's signature: _____