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, 2026.

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:_____