

**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](mailto:info@get-it-straight.com) no later than June 22, 2019.
  
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 Palmyra Gananda Greece

Approximate Patient Dates: \_\_\_\_\_

**\*PLEASE ATTACH YOUR 300 WORD ESSAY TO THIS APPLICATION FORM\***

**Applicant's signature:**