Smile FOR A Lifetime
brunerorthodontics

Applicant Questionnaire must be handwritten and answered by applicant only. Questionnaires that are submitted and completed by someone other than the applicant will be disqualified.

1. What would it mean to you if you received orthodontic treatment through Smile for a Lifetime Bruner Orthodontics Chapter? Why do you feel you are a deserving candidate for a new smile?

2. Tell us about yourself. What do you like to do? What extracurricular activities do you participate in? Do you participate in any community service or volunteer work? What are your goals and aspirations?

3. Tell us about your family. How many people live with you and who are they?

4. Why do you want braces? What prevents you from getting braces now? How do you feel about your smile now? How do you think braces will improve your life now and in the future?

5. If you had a chance to do a favor for another person/organization, without any expectation of being paid back, what would you do and why?