

E. Personal Reference Form

We require a personal reference from someone who knows the candidate well. Any adult non-relative can act as a personal reference. This might be a teacher, principal, coach, social worker, or religious leader. A relative/guardian of the candidate **cannot** provide a personal reference.

Please give a copy of this page to the person providing the personal reference. It provides a brief outline of Smiles4Canada and the expectations of the personal reference.

Smiles4Canada is a program run by the Canadian Foundation for the Advancement of Orthodontics (CFAO) in conjunction with the Canadian Association of Orthodontists (CAO). The program provides access to orthodontic care for low-income young Canadians who would otherwise not be able to receive treatment. Applications are evaluated by a Regional Committee that assesses the financial status of the family, the severity of the dental problems, and the character of the applicant. Orthodontic treatment is provided by participating orthodontists who have agreed to donate their services to this worthwhile program. Participating orthodontists receive no compensation, other than the satisfaction of helping a deserving young individual. We are asking for your input to help us determine if the applicant is truly worthy of this program and if s/he will see his/her treatment through to completion.

Your personal information should include:

1. Name of the applicant
2. Your name
3. Your position/occupation
4. Your address
5. Your phone number
6. Your e-mail address
7. Your relationship to the applicant
8. How long you have known the applicant
9. The way(s) you think the applicant is affected by his/her teeth and smile
10. Your description of the applicant's character, and his/her willingness to persevere through a long process, and, if you are aware of one, an instance when s/he has done so.
11. Whether you would recommend the applicant for treatment through Smiles4Canada

Please limit the personal reference to one page. We prefer that this reference be in the form of a letter, and on letterhead stationery (if applicable). You should sign the personal reference, and return it to the applicant.

Thank you for your help with this application. If you have any questions about the program or the personal reference, please visit www.smiles4canada.com or contact us by e-mail at: administration@smiles4canada.ca



*A Program of the Canadian Foundation for the
Advancement of Orthodontics*

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