Premier
Oral & Maxillofacial Surgery

2019 Premier Oral & Maxillofacial $1000 Scholarship Application

Name_____
LAST **FIRST** **INITIAL**

Address_____

_____
CITY **STATE** **ZIP CODE**

Phone Number: _____ **Email:** _____

Present Graduating High School
_____

Grade/Class _____ **Expected date of Graduation** _____

School you plan to attend? _____

Location_____

Have you been accepted? Yes ___ No___

List your Hobbies and Interests:

List school activities and any positions you have held:

List community and volunteer activities:

Attach a short essay of 300 words or less that states "Why I am interested in the medical or dental field".

Signature _____ **Date** _____ **20**_____

NOTE: We may request additional information or conduct interviews in order to further qualify applicants.

Submit completed application, essay, and first semester transcript to: Premier Oral & Maxillofacial Surgery 1602 N. Randall Ave Janesville, WI 53545 by April 26, 2019