



**2025 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 Friday, April 11, 2025**