

# SCIENCES & ALLIED HEALTH SCHOLARSHIP

Northern Texas Facial & Oral Surgery has partnered with your dentist to support students like you in their educational pursuits.

We believe in you and wish you all the best!





# NORTHERN TEXAS FACIAL & ORAL SURGERY SCIENCES & ALLIED HEALTH SCHOLARSHIP

## GUIDELINES

- To be considered for the NTFOS Sciences & Health Occupations Scholarship, applicant must be pursuing a degree or technical certification in the sciences or a healthcare field. Fields of study may include biology, microbiology, chemistry, bacteriology, biochemistry, genetics, neuroscience, dentistry, hygiene, nursing, medicine, dental assisting, etc.
- Applicants must have the endorsement of a dental office within the geographical area of Northern Texas Facial & Oral Surgery
- Applicants must be a current high school student.
- Applicants must be pursuing a degree or technical certification at an accredited 2 or 4 year college or university.
- Applicants must hand-deliver the scholarship form to one of the NTFOS Offices (Grapevine, Irving, and Keller) **on or before March 30, 2018 @ 12:00 PM noon.**
- The recipients of the scholarship will be selected by Northern Texas Facial & Oral Surgery and the winners announced by **April 13, 2018.** and will be notified by phone. The recipients will be presented with the scholarship at the annual NTFOS OSHA Seminar on April 27, 2018 at the Palace Arts Theater.
- The scholarship in the amount of \$1,000.00 will be awarded directly to the recipient's educational institution.
- Scholarship funds will be paid in **December 2018 or January 2019 for the second semester of the student's first year** directly to the college and not to the student. It will be the student's responsibility to submit to Northern Texas Facial & Oral Surgery an invoice for second semester tuition and fees, student ID number and college information.

For more information, visit our website at  
[ntfos.com/continuing-education/referringoffice-scholarships](http://ntfos.com/continuing-education/referringoffice-scholarships).

David K. Hunter, DDS • Dean B. Spingola, DMD, MD • Craig E. Buchmann, DDS • Brandon R. Brown, DDS

[ntfos.com](http://ntfos.com)

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(817)329-4979

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Irving, TX 75063  
(972) 401-8301

1139 Keller Pkwy  
Keller, TX 76248  
(817) 379-1654



NORTHERN TEXAS  
FACIAL & ORAL SURGERY  
SCIENCES & ALLIED HEALTH SCHOLARSHIP

DEADLINE: 12PM ON MARCH 30, 2018

APPLICATION  
FOR 2018-2019 ACADEMIC YEAR

1.	<b>Question 1 is to be completed by dental office:</b> Practice Name: _____ Referring Dentist: _____ Street Address: _____ City: _____ State: _____ ZIP: _____
2.	Applicant Name: _____ <p style="text-align: center;">(Last) (First)</p>
3.	Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP: _____ Phone: _____
4.	Date of Birth: (MM/DD/YYYY): _____ / _____ / _____
5.	Cumulative GPA: Weighted _____ Unweighted _____ <b>Attach proof of GPA. Your most recent high school transcript is required.</b>
6.	Name and location of high school attending: _____ City: _____ State: _____
7.	<b>(If your resume or activities sheet answers question 7 please attach and skip to next box.)</b> A. List any academic honors, awards and leadership offices held while in high school: _____ _____ B. List your hobbies, outside interests, extracurricular activities: _____ _____ C. List your employment and volunteer history: _____ _____
8.	A. If you have decided on the college you will attend, please list school name: _____ B. If not, list your top three college choices: 1. _____ 2. _____ 3. _____ A. Intended undergraduate major: _____
9.	Name and address of parent(s) or legal guardian(s): _____ <b>(Include address if different than address listed in Question 3.)</b> Name(s): _____ Street: _____ City: _____ State: _____ ZIP: _____ Cell phone: _____ Parent's Cell phone: _____

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_