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!

NTFOS

Northern Texas Facial & Oral Surgery

NTFOS
NORTHERN TEXAS FACIAL & ORAL SURGERY

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 29, 2019 @ 12:00 PM noon.**

- The recipients of the scholarship will be selected by Northern Texas Facial & Oral Surgery and the winners announced by **April 12, 2019.** and will be notified by phone. The recipients will be presented with the scholarship at the annual NTFOS OSHA Seminar on April 26, 2019 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 2019 or January 2020 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.

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

ntfos.com

1612 Lancaster Drive
Grapevine, TX 76051
(817)329-4979

440 W. Interstate Hwy. 635, Suite 445
Irving, TX 75063
(972) 401-8301

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

NTFOS
Northern Texas Facial & Oral Surgery

NORTHERN TEXAS FACIAL & ORAL SURGERY SCIENCES & ALLIED HEALTH SCHOLARSHIP

DEADLINE: 12PM ON MARCH 29, 2019

APPLICATION

FOR 2019-2020 ACADEMIC YEAR

1. ***Question 1 is to be completed by dental office:***
Practice Name:_____
Referring Dentist:_____
Street Address:_____
City:_____ State:_____ ZIP:_____
Phone:

2. Applicant Name:_____
(Last) *(First)*

3. Mailing Address:_____
Street:_____
City: State: ZIP: Phone:

4. Date of Birth: (MM/DD/YYYY):_____ / _____ / _____

5. Cumulative GPA: Weighted_____ Unweighted_____
Attach proof of GPA. Your most recent high school transcript is required.

6. Name and location of high school attending:_____
City: State:

7. ***(If your resume or activities sheet answers question 7 please attach and skip to next box.)***
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): _____
(Include address if different than address listed in Question 3.)
Name(s):_____
Street:_____
City:_____ State:_____ ZIP:_____
Home phone: Work phone:

Applicant's Signature:_____ Date:_____