

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

**GUIDELINES**

- <sup>3</sup> 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.
- <sup>3</sup> Applicants must have the endorsement of a dental office within the geographical area of Northern Texas Facial & Oral Surgery
- <sup>3</sup> Applicants must be a current high school student.
- <sup>3</sup> Applicants must be pursuing a degree or technical certification at an accredited 2 or 4 year college or university.
- <sup>3</sup> Applicants must hand-deliver the scholarship form to one of the NTFOS Offices (Grapevine, Irving, Flower Mound, or Keller) **on or before March 27, 2020 @ 12 :00 PM noon.**
- <sup>3</sup> The recipients of the scholarship will be selected by Northern Texas Facial & Oral Surgery and the winners announced by **April 10, 2020.** and will be notified by phone. The recipients will be presented with the scholarship at the annual NTFOS OSHA Seminar on April 24, 2020 at the Palace Arts Theater.
- <sup>3</sup> The scholarship in the amount of \$1,000. institution.
- <sup>3</sup> Scholarship funds will be paid in **December 2020 or January 2021 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 provide 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)

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

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1.	<p><b><i>Question 1 is to be completed by dental office:</i></b></p> Practice Name: _____ Referring Dentist: _____ Street Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____
2.	Applicant Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(Last)</span> <span>(First)</span> </div>
3.	Mailing Address: _____ Street: _____ City: _____ State: _____ ZIP: _____ Phone: _____
4.	Date of Birth: (MM/DD/YYYY): _____ / _____ / _____
5.	Cumulative GPA: Weighted _____ Unweighted _____ <b><i>Attach proof of GPA. Your most recent high school transcript is required.</i></b>
6.	Name and location of high school attending: _____ City: _____ State: _____
7.	<p><b><i>(If your resume or activities sheet answers question 7 please attach and skip to next box.)</i></b></p> 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: _____ _____ D. Describe a time when you overcame a significant obstacle in your life. (If needed, please continue on a separate sheet of paper and attach to the application.) _____ _____
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><i>(Include address if different than address listed in Question 3.)</i></b> Street: _____ City: _____ State: _____ ZIP: _____