



2024 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 12, 2024