



**Wilmington
Oral Surgery**

compassionate excellence

DENTAL/MEDICAL WILMINGTON ORAL SURGERY SCHOLARSHIP

1.	Last Name:	First Name:
2.	Mailing Address: Street: City: State: Zip:	
3.	Daytime Telephone Number: () Email Address:	
4.	Date of Birth: Month Day Year Gender:	
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.	
6.	Name of High School attending:	
7.	A. List any academic honors, awards and membership activities while in high school: (Use a separate sheet if necessary.) B. List your hobbies, outside interests, extracurricular activities and school-related volunteer activities: (Use a separate sheet if necessary.) C. List your non-school sponsored volunteer activities in the community: (Use a separate sheet if necessary.) D. List your work activities: (Use a separate sheet if necessary.)	
8.	College, University or Technical School to be attended:	
9.	Why have you chosen your intended major in the medical/dental field?	
10.	What are your goals in your chosen field?	



STATEMENT OF ACCURACY FOR APPLICANTS

I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Applicant Signature

Date

To be completed by Guidance Counselor:

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Wilmington Oral Surgery Dental/Medical Scholarship.

Name of Guidance Counselor submitting the application: _____

High School: _____

Counselor Contact information (email and phone): _____

Guidance Counselor Signature

Date

Counselor is to submit the completed application package to Wilmington Oral Surgery, LLC.

Please mail complete package to:
Wilmington Oral Surgery, LLC
1665 Alex Drive
Wilmington, OH 45177
Attention: Scholarship Application

For Dental/Medical Wilmington Oral Surgery Scholarship use only:

Checklist

- ___ Application and Statement of Accuracy
- ___ Minimum of 3 letters of recommendation
- ___ School Transcript reflecting 7 semesters' study

- ___ Essay
- ___ Guidance Counselor signature

*Only students from these local Clinton County Ohio High Schools are eligible:
Blanchester, Clinton-Massie, East Clinton and Wilmington*