

Wanted: Super Heroes

If you could become any super hero and have super natural powers, who would you be and why?



Write a Super Hero essay, and you could win one of four \$500 Academic Scholarships compliments of The Oral Surgery Center

POSTMARK DEADLINE: April 1st, for May 1st award.

All application materials must be submitted in English

Eligibility Requirements/Application Process

All applicants must:

- Be a high school senior.
- Be pursuing a post secondary education at an accredited college, university or technical center.
- Submit in this order; one original application form, a copy of your current post secondary registration and your typed super hero essay (500 words or less)
- Write your super hero essay without regard to race, religion, gender, national origin or disability.
- Mail to: The Oral Surgery Center
Attn: Scholarship PRC
8401 Seasons Parkway
Woodbury, MN 55125

Award Announcement and Distribution of the Scholarship Funds:

The Oral Surgery Center will award four \$500 scholarships. A committee appointed by The Oral Surgery Center will review all applications and determine the recipient(s). Scholarship recipient(s) will be selected from among all eligible entries and be notified by mail before June 15th. The scholarship funds will be transmitted directly to the Registrar at student's selected institution after student identification number and/or social security number becomes available.

For More Information:

The Scholarship PRC can be reached at (651) 458-5292 or by email at referrals@theoralsurgerycenter.com

**The Oral Surgery Center Scholarship
Application Form**

Please print legibly using black or blue ink or type.

PERSONAL INFORMATION

Last Name	First Name	Middle Int.
Home Address: Street Address		
City	State	Postal Code
E-Mail Address		Home Telephone Number

EDUCATIONAL DATA

Name and Location of High School	
Current Enrollment: College/University/Trade School Name	
College/University Address (City/State/Postal Code)	
Beginning Year	Expected Date of Graduation:
College/University Undergraduate Major	
What type of degree you plan to earn upon graduation? (please circle)	
Associate	Bachelor

Declaration of Applicant:

I have read the instructions and hereby make application for the scholarship and declare that:

- I have answered all questions applicable to me and all information is true and complete;
- I propose to be a student (6 credits minimum) at the institution named for the period stated;
- if awarded a scholarship, I will provide my student ID number and/or social security number;
- I will notify The Oral Surgery Center if I withdraw before completing one semester of studies;
- I authorize The Oral Surgery Center to request and receive information pertaining to my enrollment status at the institution named.
- I give my permission to use my name in any announcement associated with the scholarship.

Signature of Applicant: _____ Date: _____