



SUPER HEROES

IF YOU COULD BECOME ANY SUPER HERO AND HAVE SUPERNATURAL POWERS, WHO WOULD YOU BE AND WHY?

Write a Super Hero essay, and you could win one of **five** \$1,000 Academic Scholarships compliments of The Oral Surgery Center.

Postmark Deadline: April 1st, for May award.

Eligibility Requirements/Application Process:

All applicants must:

- Be a Wisconsin or Minnesota high school senior
- Be pursuing a post secondary education at an accredited college, university or technical center
- Download and complete the application form (theoralsurgerycenter.com)
- Submit in this order: application form, a copy of your acceptance letter or proof of enrollment and your Super Hero essay (typed, 500 words or less)
- Mail to: The Oral Surgery Center
 Attn: Scholarships
 1610 Maxwell Drive, Suite 205
 Hudson, WI 54016

Award Announcement and Distribution of the Scholarship Funds:

The Oral Surgery Center will award **five** \$1,000 scholarships. A committee appointed by The Oral Surgery Center will review all applications and determine the recipient(s). Awards will be granted without regard to race, religion, gender, national origin or disability. Scholarship recipient(s) will be selected from among all eligible entries and be notified by mail. 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 email: pr@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: _____