

Michael A. Pikos, DDS

Nicole Hernandez, DDS, MD

Othman Rezki, DMD

Diplomates: American Board of Oral
and Maxillofacial Surgery
Board Eligible*

Lindsey Pikos Rosati, DDS, MS

Anthony M. Pikos, DMD, MS

Bashar Adeinat, DDS, MS

Diplomates: American Board
of Periodontology

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East Lake High School
Guidance Department
1300 Silver Eagle Dr.
Tarpon Springs, FL 34688-9101

March 10, 2025

Dear Scholarship Applicant,

Thank you for your interest in the Coastal Jaw Surgery Scholarship Program. The purpose of our scholarship is to grant a \$500 scholarship to a graduating senior. This year, two total scholarships will be given to the winners across Hernando, Hillsborough, Pasco, and Pinellas counties. **As an applicant, you must plan on pursuing a career within the healthcare field.**

To apply, please follow these instructions:

- Complete the scholarship application
- Compose a 250-word essay about your career aspirations and why you are a worthy recipient of this scholarship
- Attach a copy of your transcripts
- Attach a recent photo

Return all portions by email to marketing@coastaljaw.com or by mail to Coastal Jaw Surgery Scholarship Committee, 8740 Mitchell Blvd, Trinity, FL 34655. **The deadline for submitting your fully completed application is May 3, 2024.**

Coastal Jaw Surgery is a surgical based, multi-specialty dental practice, offering comprehensive oral healthcare services including Same Day Teeth®, traditional dental implants, oral surgery, prosthodontics, and periodontal services. Our doctors are offering this scholarship program as part of our continuing effort to focus on the education needs of the public and other healthcare professionals.

We would like to take this opportunity to wish you great success in your future endeavors.

Best,

Stacey Fink

Stacey Fink
Marketing Manager

staceyf@coastaljaw.com



***Please attach
wallet-sized
photo for our
scholarship
award wall***

2025 Coastal Jaw Surgery Student Scholarship Application

Name: _____

Age: _____ Grade: _____ High School: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Father Name: _____ Occupation: _____

Mother Name: _____ Occupation: _____

List of the colleges you have applied:

1. _____ City/State: _____ Accepted: Y N

2. _____ City/State: _____ Accepted: Y N

3. _____ City/State: _____ Accepted: Y N

4. _____ City/State: _____ Accepted: Y N

Please give the names of three references and attach a letter of recommendation from each:

1. Principal, Teacher, or Guidance Counselor

Name: _____ Phone: _____

Email: _____

2. Principal, Teacher, or Guidance Counselor

Name: _____ Phone: _____

Email: _____

3. Principal, Teacher, or Guidance Counselor

Name: _____ Phone: _____

Email: _____