January 6, 2020

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 award to a graduating senior from Pinellas County. As an applicant, you must plan on pursuing a career in the health care field.

Please complete the attached application with a 250 word essay about your career aspirations and attach a copy of your transcripts and return it to the Coastal Jaw Surgery Scholarship Committee at 8740 Mitchell Blvd, Trinity Fl 34655. The deadline for submission of the application is April 3, 2020.

Coastal Jaw Surgery is a surgical based multi-specialty dental practice specializing in the removal of wisdom teeth, placement of dental implants, oral and facial reconstruction, gum disease, and other periodontal services. Our doctors are offering this Scholarship Program as part of Coastal Jaw Surgery’s continuing effort to focus on the educational needs of the public and other health care professionals.

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

Sincerely,

Alison Thiede
Practice Administrator
Coastal Jaw Surgery Student Scholarship Application

Name: __________________________________________

Age: ___________ Grade: ___________ High School: ___________________________

Address: ____________________________________________________________________

City: ___________________________ Zip: ___________ Phone: ______________________

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: ______________________________________