



Fort Dodge Oral and Maxillofacial Surgery, PC (FDOS), a Fort Dodge, IA based group of oral & maxillofacial surgeons, has developed a Scholarship Award Program which provides a scholarship award to **two (2)** deserving senior high school students who wish to **pursue a career in the fields of medicine, dentistry, or nursing**. Students must reside and live in the following counties of FDOS' service area: Webster, Humboldt, Kossuth, Hamilton, Sac, Calhoun, Greene, and Boone.

Two (2), \$1000 scholarships, which are renewable yearly upon re-application and fulfillment of criteria, will be awarded for up to a maximum of four-years of **undergraduate** study at a college/university or technical school **located in the State of Iowa**. All graduating seniors meeting the eligibility requirements may submit a scholarship application.

FDOS scholarships are awarded without regard to race, sex, national origin or religion. Scholarships can be applied toward tuition, fees, books and/or housing. Payment will be made directly to the recipient's selected institution.

Confirmation of student's enrollment at that institution must be provided even if the school has not officially billed the student for classes.

### **ELIGIBILITY GUIDELINES**

FDOS' goal is to encourage and assist students to fulfill their educational endeavors and dreams. The following guidelines will be used to determine eligibility and to evaluate applications:

1. Any high school senior residing and attending high school in the FDOS county service area, (Webster, Humboldt, Kossuth, Hamilton, Sac, Calhoun, Greene, and Boone), is eligible to apply for a scholarship.
2. The student must be nominated by his/her high school with a letter of recommendation and

have an overall grade point average of 3.5 or higher.

3. The student must be selected as a finalist by a Selection Committee chosen by Fort Dodge Oral Surgery and as a recipient by the same Committee.
4. Yearly re-application will be required with the following criteria: the student must maintain a minimum of a 3.3 GPA, must be enrolled continuously as a full time student at a college/ university or technical school in the State of Iowa, must provide certified copies of grade transcripts and end of year GPA, signed confirmation of enrollment at institution by student's guidance counselor or administrative official.

### **CRITERIA FOR SELECTION**

The following factors will be considered in the evaluation of each application:

1. Grades, Course Work and Test Scores: The applicant must have an overall grade point average of 3.5 or better and have pursued a curriculum that indicates a potential for success in the their planned field of **medicine, nursing, or dentistry**.
2. Personal Incentive, Volunteerism and Extracurricular Activities: The student should list his/her extracurricular school activities, community involvement, and work experience.
3. Letter of recommendation from student's guidance counselor, teacher or principal.
4. Personal Statement -The statement should describe the students background, future plans, career goals, and why he/she would like to be considered for the scholarship award.

**The personal statement plays a critical role in helping the screening committee select finalists for the selection process. We strongly encourage applicants to spend an adequate amount of time and effort preparing their statements.**

**NOTE: Individuals with immediate family members employed by or have direct association with Fort Dodge Oral and Maxillofacial Surgery are ineligible to apply for this award.**

### **AWARD RECIPIENTS**

Successful award recipients will be notified by mail of their selection. **Scholarship funds will be paid in December or January for the second semester of each year directly to the college/university/trade school and not to the student.** It will be the student's responsibility to

submit to Fort Dodge Oral Surgery each year at that time; an invoice for the second semester tuition and fees, student ID number and completed re-application form, certified copies of grade transcripts and end of year GPA, signed confirmation of enrollment at institution by student's guidance counselor or administrative official.

In addition a Certificate of Recognition will be presented to the winning students at their annual high school awards ceremony and each student may be recognized through Fort Dodge Oral Surgery social media sites.

### **DEADLINE FOR APPLICATIONS**

All applications for the FDOS Scholarship Award Program must be on the official FDOS Application form (additional applications can be downloaded in PDF format from our website [www.fdoralsurgery.com](http://www.fdoralsurgery.com) or e-mailed to you by calling our office at 515-576-8727), must be signed by parent/guardian and appropriate high school official, must have the required 2 copies and must be received in the FDOS office by the close of business on **May 1<sup>st</sup>**. Envelopes should be marked "FDOS Scholarship Award Application Enclosed" on the outside of the envelope.

Applications should be mailed to:

**"FDOS Scholarship Award Application Enclosed"**

**SCHOLARSHIP COORDINATOR FD Oral Surgery**

**804 Kenyon Rd Ste 120**

**Fort Dodge IA, 50501**

**Fort Dodge Oral and Maxillofacial Surgery, PC reserves the right to change the eligibility criteria, program length, monetary award and/or terminate the FDOS Award Program at any time for any reason.**

**FDOS SCHOLARSHIP AWARD APPLICATION FOR A COLLEGE/UNIVERSITY OR  
TRADE SCHOOL IN THE STATE OF IOWA**

**BIOGRAPHICAL INFORMATION:** (Please use typewriter or print using black ink. You may use additional sheets of blank paper to complete your application as necessary).

The items that follow are designed to collect information about your background, interests, and plans.

Your response will be used only in connection with your application for this program and to develop a brief biographical sketch if you are selected to receive a scholarship.

Name (first, middle, last) \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Name \_\_\_\_\_

(Street Address) \_\_\_\_\_ (County) \_\_\_\_\_

(City) \_\_\_\_\_ (Telephone) \_\_\_\_\_

Permanent Home Address (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (County) \_\_\_\_\_

(ZIP) \_\_\_\_\_ Home/Cell Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Home Address (if different from yours)  
\_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Home Address (if different from yours)  
\_\_\_\_\_

If someone other than a parent supports you, explain here:  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOLASTIC INFORMATION:**

(A copy of your official high school transcript and your SAT and/or ACT score or technical/trade school requirements (if any) must be attached for you to be considered.)

Projected class rank and size of your class (example 121/505) \_\_\_\_\_

What Percentile \_\_\_\_\_ GPA (current) \_\_\_\_\_ SAT Score \_\_\_\_\_

ACT Score \_\_\_\_\_

Which high school courses do you feel have prepared you for college?

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College/univ. or tech./trade school in Iowa you plan to attend:

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Have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_ Been Accepted? \_\_\_\_\_

Major? \_\_\_\_\_

List your school activities (publications, debating, dramatics, music, art, student government, clubs, sports, etc.):

List your community volunteer activities (church work, outreach programs, drug hotlines, hospital work, etc.):

List jobs you have held in the past four years, length of employment, and duties of each job:

**A PERSONAL STATEMENT** is to be printed clearly or typed on a separate sheet and attached to this application. Please write a statement, (500 words or less), describing yourself and why you would like to be considered for a scholarship. This statement is heavily weighted in the evaluation of your application; therefore, give special attention to its organization, content and structure.

**SCHOOL RECOMMENDATION: Please have a counselor or teacher who is familiar with the student's character and scholastic capabilities provide the evaluation requested below.**

**School Report Release Authorization:** To comply with the Federal Privacy Rights of Parents and Students Act, a school must obtain a signed authorization before it can release student information for use in this scholarship program. Permission is hereby given to school officials to release the **school record** and other requested information for consideration in the NIOSA Scholarship Award Program.

**Note to School Official:** The above named student is an applicant for a scholarship. To process the application, a record of the student's academic performance is required. This information will be used only in connection with the selection of recipients and will be seen only by qualified persons involved in the selection process.

**Considering this student's interests, work habits and life goals please provide us with your letter of recommendation regarding the student's potential for success in college/university or trade school.**

Name of Evaluator \_\_\_\_\_

Known student for how long? \_\_\_\_\_ If teacher, subject (s) taught \_\_\_\_\_

**I certify that the above information is true and correct to the best of my knowledge.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**After completing this application, return the original and two (2) copies of entire packet, your packet will include: an application, letter of recommendation, official school transcript, personal statement, and copy of SAT or ACT scores.**

**FORT DODGE ORAL SURGERY SCHOLARSHIP AWARD**

**YEARLY RE-APPLICATION FOR A COLLEGE/UNIVERSITY OR TECHNICAL SCHOOL IN THE STATE OF IOWA**

Name (first, middle, last) \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Name \_\_\_\_\_

(Street Address) \_\_\_\_\_ (County) \_\_\_\_\_

(City) \_\_\_\_\_ (Telephone) \_\_\_\_\_

PermanentHomeAddress (Street) \_\_\_\_\_ (City) \_\_\_\_\_

(ZIP) \_\_\_\_\_ Home/Cell Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Institution Currently Enrolled

\_\_\_\_\_

Current GPA \_\_\_\_\_

**On a separate sheet of paper please write a short description of the events of your life during this past college year for our selection committee. How has this award helped you in your academic endeavors? Are you or do you still plan to pursue a career in medicine, dentistry or nursing?**

**After completing this re-application return it with the following items: official transcript from past school year, short essay on your life in college from this past year to:**

**SCHOLARSHIP COORDINATOR NORTH FORT DODGE ORAL SURGERY, P.C. 804  
KENYON RD STE 120, FORT DODGE IA 50501**

**NOTE:**

**Outside of the envelope should be marked:**

**“FODS Scholarship Award Re-Application”**

**Re-applications MUST be received by our office by no later than July 1st annually to be considered for renewal.**

**Fort Dodge Oral and Maxillofacial Surgery PC reserves the right to change the eligibility criteria, program length, monetary award and/or terminate the Award Program at any time and for any reason.**