

Michael A. Pikos, DDS
José F. Lázaro, DMD
Kenneth L. Anderson III, DDS
Jason B. Blundell, DDS



Diplomates: American Board of
Oral and Maxillofacial Surgery

Lindsey Pikos Rosati, DDS, MS
Diplomate: American Board of
Periodontology

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Tel: 727-375-0469
Fax: 727-375-0496
Trinityoffice@CoastalJaw.com

4372 Commercial Way
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Tel: 352-596-6804
Fax: 352-596-3615
SHoffice@CoastalJaw.com

11940 Sheldon Road
Tampa, FL 33626
Tel: 1-800-NEW-LOOK
Out of State: 727-877-0011
Fax: 727-807-6033
Tampaoffice@CoastalJaw.com

www.coastaljawsurgery.com

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



Please attach
wallet size photo
for our scholarship
award wall

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: _____