



Buffalo Implant Group  
PO Box 350  
Clarence Center, NY 14032-0350

www.buffaloimplantgroup.com

## Scholarship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Type of Implant: \_\_\_\_\_

Extracurricular Activities: (Use space provided or attach a separate sheet.)

Post Education Goals (college or technical training school): (Use space provided or attach a separate sheet.)

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

2<sup>nd</sup> High School (if necessary): \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_