



## Scholarship Guidelines and Application

### I. PURPOSE OF THE AWARD

- A. Provide financial assistance to OMS residents to attend the SWSOMS Combined Annual Meeting, April 4-6, 2019, in Santa Fe, New Mexico.
- B. Provide OMS residents with OMS-related continuing education courses while enabling them to learn more about the practice of oral and maxillofacial surgery.

### II. ELIGIBILITY OF THE APPLICANTS

- A. Applicants must be a resident enrolled in a CODA-accredited OMS program located in the Southwest or Midwest OMS regions.
- B. Applicants must have support from OMS program director to allow time away to attend the conference.
- C. Provide a written statement summarizing qualifications for receiving the scholarship and what he/she hopes to obtain by attending the meeting.
- D. Provide a current CV.
- E. Provide any supporting documentation he/she feels is important in evaluating the application.
- F. Submit the completed scholarship application to the SWSOMS by March 15, 2019.

### III. CONDITIONS OF THE AWARD

- A. Ten (10) awards will be granted.
- B. The maximum disbursement for each award will be \$500.
- C. The award will be provided as a reimbursement for meeting expenses (airfare and hotel) up to \$500 following the conclusion of the 2019 SWSOMS Combined Annual Meeting.

### IV. APPLICATION PROCEDURES

- A. Application must be completed and returned to the SWSOMS by **March 15, 2019**.
- B. Notifications of selection for an award will be announced to the individual by **March 22, 2019**.
- C. Disbursement of funds up to \$500 will be transmitted in full to awardees within 30 days following the conclusion of the 2019 SWSOMS Annual Meeting.

### V. SELECTION CRITERIA

- A. The SWSOMS will, at its sole discretion, select the award recipients.
- B. All eligible applications will be reviewed and selected based on the award criteria.
- C. Please note this program is geared toward senior residents; however, all residents may apply for the award.



## Scholarship Application - Sponsored by Geistlich Biomaterials

2019 SWSOMS Combined Annual Meeting in collaboration with the Osteo Science Foundation,  
April 4-6, El Dorado Hotel & Spa, Santa Fe, NM

---

First Name

Last Name

Middle Initial

---

Nickname (appears on Badge)

---

OMS Program Name

---

Home Address

---

City

State

ZIP Code

---

Phone Number

E-Mail Address

- I have enclosed/attached a copy of my CV.
- I have enclosed/attached a copy of my summary statement.
- I have enclosed/attached additional supporting documentation.

I hereby understand and agree with the award guidelines:

---

Award Applicant Signature

---

Date

---

OMS Program Director

---

Date

Please return application to:

**SWSOMS**  
**Attn: Kelly Ann Shy, MHSM**  
**Kelly@tractiontohealthy.com**  
**FAX: 210-614-5234**