



TEACHERS' SCHOLARSHIP FUND APPLICATION

Teacher's Name _____

Class Grade _____ Name of School _____

School Address _____

School Phone _____ Teacher's Phone _____

Proposed Use of Scholarship _____

Please explain the benefits of receiving funds for your proposed project. _____

I attest that any funds provided through the Teachers' Scholarship Fund will be used solely for materials and supplies to benefit the school and to be used within the classroom. If my project is chosen to receive a scholarship, I authorize the release of the information provided on this application and I give my permission for this information to be posted on the website designated below.

Teacher's Signature _____ Date _____

Principal's Signature _____ Date _____

Submit applications to: Teachers' Scholarship Fund, Bowling & Dunn Family Dentistry, 1412 Blizzard Drive, Parkersburg, WV 26101, by fax 304-424-5333, or submit by e-mail to: info@bowlingdunnfamilydentistry.com. Applications must be received no later than September 15th. Scholarships will be awarded by September 30th. If you have any questions, please feel free to contact our office.



**BOWLING & DUNN
FAMILY DENTISTRY**
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