



2018 Osteo Science Foundation Scholarship Guidelines and Application

I. PURPOSE OF THE AWARD

- A. Provide financial assistance to OMS Residents to attend the AAOMS Dental Implant Conference who are engaged or interested in implant and regenerative research.
- B. Increase the number of OMS resident participation at the AAOMS Dental Implant Conference.
- C. Provide educational opportunity for residents to expand knowledge and understanding of full scope oral and maxillofacial surgery.

II. ELIGIBILITY OF THE APPLICANTS

- A. Applicants must be a resident enrolled in a CODA accredited OMS program and current ROAAOMS member.
- 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 any supporting documentation he/she feels is important in evaluating the application.
- E. Submit the completed scholarship application to ROAAOMS.
- F. Applicant must NOT be a current member of the ROAAOMS Executive Committee at the time of the Dental Implant Conference.

III. CONDITIONS OF THE SCHOLARSHIP

- A. Twenty Five (25) awards will be granted.
- B. The maximum disbursement for each award will be \$1,000.
- C. The award will be provided as a reimbursement for meeting expenses up to \$1,000 following the conclusion of the Dental Implant Conference.
- D. Recipients are required to attend the scholarship recipients reception to be held on Thursday, Nov. 29, 2018.
- E. Recipients are required to attend the Osteo Science Foundation Program: Hard and Soft Tissue Regeneration for Oral and Maxillofacial Surgeons: Current Methods and Future Directions to be held 5 to 7 p.m. on Thursday, Nov. 29, 2018.

IV. APPLICATION PROCEDURES

- A. Application must be completed and returned to the AAOMS by Oct. 26, 2018.
- B. Notifications of selection for an award will be announced to the individual by Nov. 2, 2018.
- C. Disbursement of the applicable funds will be transmitted in full to awardees upon receipt of required reimbursement form and receipts following the conclusion of the AAOMS Dental Implant Conference.

V. SELECTION CRITERIA

- A. The AAOMS will, at its sole discretion, select the award recipients from recommendations provided by its Resident Organization Executive Committee.
- B. All eligible applications will be reviewed and selected based on the award criteria.



American Association of Oral and Maxillofacial Surgeons

Oral and maxillofacial surgeons:
The experts in face, mouth and jaw surgery™



OSTEO SCIENCE FOUNDATION SCHOLARSHIP 2018 AAOMS DENTAL IMPLANT CONFERENCE AWARD APPLICATION

First Name Middle Initial Last Name Degree(s)

Nickname (to appear on badge)

OMS Program Name

Home Address

City State Zip Code

Phone Number Email Address

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 complete and return application to:

Advanced Education and Resident Affairs

Attention: Laurie Oddo

lodd@aaoms.org

FAX: (847) 678-6286