



Classroom Scholarship Application

Teacher's Name _____

Class Grade _____ Name of School _____

School Address _____

School Telephone _____ Teacher's Telephone _____

Proposed Use of Scholarship _____

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

I attest that any funds provided through the Classroom Scholarship Program will be used solely for materials and supplies to benefit the school and to be used within the classroom. If my proposal is chosen as one which will 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 Dr. Lorena Surber's website or released to the press.

Teacher's Signature _____ Date _____

Principal's Signature _____ Date _____

Submit applications to: Classroom Scholarship Program, Dr. Lorena M. Surber, Suite 403, Atlas Building, 1031 Quarrier Street, Charleston, WV 25301 or by fax to (304) 343-6711. Applications must be postmarked no later than September 15th. Scholarships will be awarded by October 15th. If you have any questions, please feel free to contact our office.

Dr. Lorena M. Surber & Associates

Cosmetic & General Dentistry

(304) 343-0361 or Fax (304) 343-6711

**Suite 403, Atlas Building, 1031 Quarrier Street
Charleston, WV 25301**

Be sure to visit us at: www.SurberSmiles.com

Lorena M. Surber, D.D.S.

Kendra Burdette, D.D.S.