

# The Horace Wells Club Dental Student Scholarship Applications

(Applicant must be a resident of Connecticut)

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent's Address \_\_\_\_\_

Hometown Newspaper \_\_\_\_\_

Place of Birth \_\_\_\_\_ High school attended \_\_\_\_\_ College attended \_\_\_\_\_

Telephone number \_\_\_\_\_ Current dental school \_\_\_\_\_

Expected year of graduation from Dental school \_\_\_\_\_

Why do you feel that you should be a recipient of this scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's signature: \_\_\_\_\_

TO BE COMPLETED BY THE DENTAL SCHOOL'S FINANCIAL AID OFFICER:

The applicant listed above is currently enrolled and in good academic standing in dental school. He/she currently has an academic indebtedness of \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This application should be accompanied by a letter of recommendation from the Dean of Students (or equivalent) of your dental school.

Please mail completed application and letter of recommendation by October 15, 2017 to:  
Dr. Jeremiah Lowney 100 Sherman Street Norwich CT 06360