

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