

GORHAM FAMILY DENTISTRY SCHOLARSHIP APPLICATION FORM

Requirements to Qualify for Scholarship:

1. Resident of Coos County, NH or greater Bethel, ME area.
2. Has been accepted to and will be enrolled in an accredited dental program for the following school year with plans to pursue a career in the dental field.

Instructions:

1. Print clearly and complete all fields.
2. Attach the following:
 - a. GPA from current school or last school completed
 - b. 2 letters of reference from current or former teachers/professors
 - c. A letter of character reference
 - d. A 250-300 word essay explaining why you have chosen a career in dentistry.
3. Mail completed application and all additional information to:
Gorham Family Dentistry, PA
18 Park Street
Gorham, NH 03581

Personal Information

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Academic Information

Current or most recent school attended: _____ GPA: _____

Major/subject studied: _____

School attending next year (if different than above): _____

Intended Major: _____

I certify that the statement herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee.

Student Signature: _____ Date: _____