



New Hampshire

DENTAL SOCIETY

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Concord, New Hampshire 03301
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MEMORIAL SCHOLARSHIP FUNDS FOR DENTAL EDUCATION INFORMATION REQUIRED FROM APPLICANT:

NAME: _____ SEX: _____
MALE FEMALE

DATE OF BIRTH: _____ S.S.N.#: _____
(Month/Day/Year)

ADA STUDENT MEMBER #: _____

NEW HAMPSHIRE ADDRESS: _____

PRESENT ADDRESS: _____

DENTAL SCHOOL & ADDRESS: _____

ANTICIPATED DATE OF GRADUATION: _____

APPLICANT'S MARTIAL STATUS: _____

NO. OF DEPENDENTS: _____ AGES: _____

SCHOOL LAST ATTEND & ADDRESS: _____

YEAR GRADUATED: _____

PARENTS EMPLOYED? _____
Father – yes/no Mother – yes/no

NOTICE: A TRANSCRIPT OF PREVIOUS YEAR'S GRADES MUST ACCOMPANY THIS APPLICATION.

FROM PARENTS: -----

Are both parents employed? _____

Age and status of other dependents (parents')

Other family demands

FROM SUMMER WORK-----

TAX RETURNS-----

SAVINGS-----

OTHER LOANS-----

Scholarships

Bank

Relatives and friends

VETERAN'S BENEFITS-----

SPOUSE'S EARNINGS-----

GIFTS-----

ALL OTHER INCOME-----

TOTAL ESTIMATED INCOME _____

DO YOU OWN A CAR? _____
YEAR AND MAKE OF CAR _____
IS IT IN YOUR NAME? _____
TO WHAT EXTENT DO YOU USE IT? _____
ESTIMATED YEARLY COST TO YOU _____

FINANCIAL STATEMENT

ESTIMATED EXPENSES

TUITION-----

ROOM & BOARD-----

RENT FOR FAMILY IF NOT RESIDING WITH PARENTS-----

BOOKS & SUPPLIES-----

COMMUTING-----

OTHER NECESSARY TRAVEL-----

CLOTHING-----

RECREATION, ORGANIZATION DUES-----

LAUNDRY, CLEANING-----

OTHER EXPENSES (ENUMERATE)-----

TOTAL EXPENSES

ESTIMATED DEFICIT: _____

TOTAL AMOUNT OF APPLICANT'S PRESENT INDEBTEDNESS: _____

ADDITIONAL INFORMATION OR EXPLANATION OF ABOVE:

I WILL (NOT) BE ABLE TO COME TO MANCHESTER FOR A PERSONAL INTERVIEW.

REASON: _____
