

***NHTI – CONCORD’S COMMUNITY COLLEGE  
ALLIED DENTAL EDUCATION DEPARTMENT***

*The Northeast Delta Dental Dr. Thurston J. Carpenter Scholarship*

***APPLICATION 2011-2012***

*1 First Year Dental Hygiene Students           \$750 Scholarship*  
*1 Dental Assisting Student                       \$250 Scholarship*

***Due Date: April 9, 2012***

***INSTRUCTIONS:***

*Application must be typed. Completed applications should be submitted to:*

*Donna Clougherty, Department Head  
NHTI, Concord’s Community College  
Allied Dental Education Department  
31 College Drive  
Concord, New Hampshire 03301*

*Office M 150  
FAX: 271-7182*

*For additional information contact Donna Clougherty at 603-271-7164 or  
[dclougherty@ccsnh.edu](mailto:dclougherty@ccsnh.edu).*

***ELIGIBILITY:***

*To be eligible for this scholarship, the applicant must meet financial aid criteria. Students may still file for financial aid by completing a FAFSA form and applying for aid through the NHTI Financial Aid Office.*

*Applicants must be New Hampshire, Maine, or Vermont residents.*

*Academic eligibility requires a minimum program GPA of 3.0.*

*The NHTI Allied Dental Education Faculty Scholarship Committee reviews all applications and selects recipients based on financial need, academic success, and biographical statement.*

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**A. GENERAL INFORMATION**

Name: \_\_\_\_\_  
                    Last                                    First                                    Middle

NHTI ID: \_\_\_\_\_ Program \_\_\_\_\_

Preferred \_\_\_\_\_ Email \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

**B. ACADEMIC ACHIEVEMENT RECORD**

*The student must have a minimum cumulative program grade point average of 3.0 based on a 4.0 scale.\**

GPA: \_\_\_\_\_

**C. FINANCIAL NEEDS ASSESSMENT**

*Applicants must be eligible and have applied for financial aid.*

Financial aid Applied \_\_\_\_\_ Received \_\_\_\_\_

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**D. BIOGRAPHICAL SKETCH QUESTIONNAIRE**

*Please type your responses. If additional space is required, please attach.*

**PLEASE TYPE**

**1. Why is this scholarship important to you?**

***2. Briefly describe how you became interested in an allied dental profession.***

***3. What are your short and long term goals for your chosen field (dental assisting or dental hygiene)?***

***4. Are there any other factors that you would like the Scholarship Committee to consider when reviewing your application?***

***E. APPLICANT STATEMENTS***

*I hereby affirm that all of the information contained herein is correct.*

*I understand that misrepresentation, fraud, or omission of facts is cause for disqualification or suspension of a scholarship.*

Name: \_\_\_\_\_  
(Please print or type)

Signature: \_\_\_\_\_