The New Hampshire Dental Society and the Davis and Towle Insurance Group award three $500 scholarships to Allied Dental Education Students:

- Dental Assisting Student $500
- Dental Hygiene First Year Student $500
- Dental Hygiene Second Year Student $500

**DIRECTIONS:** In order to apply for the New Hampshire Dental Society/Davis & Towle Scholarship, students must meet the following criteria:

- Student must be a resident of the State of New Hampshire.
- Student is expected to *practice* in the State of New Hampshire upon graduation.
- Dental Assisting students must have completed one semester of their clinical program.
- Dental Hygiene Freshmen students must have completed the fall semester of their first year.
- Dental Hygiene Senior students must have completed the fall semester of their second year.
- The student must complete all sections of the application and return it **no later than 4 pm on March 1, 2017** to the Academic Secretary in MacRury Hall – Room # 142.
- All information will be submitted to the NHTI Dental Advisory Board for their selection and will be kept entirely confidential.
- For any additional information, contact the Department Head of Allied Dental Education at (603) 271-6484 ext. 4141 or the Program Coordinator of the Dental Assisting Program at (603) 271-6484 ext. 4123.
APPLICATION
NEW HAMPSHIRE DENTAL SOCIETY
DAVIS & TOWLE SCHOLARSHIP

Name: ____________________________ Overall GPA in Major: _________
Address: _________________________ Phone: ________________________

Please check one of the following: Dental Assisting □ Dental Hygiene □

Student member of your Professional Organization: Yes □ No □
Leader Member of your Professional Organization*: Yes □ No □

* If “Yes”:
What “Leader” position do you hold and what are your responsibilities:

________________________________________________________________________

I. Why would this scholarship be beneficial to you?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

II. Why do you feel you deserve to be awarded this scholarship?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

III. HONORS: List any honors/awards for scholastic and/or adult achievements/volunteer activities:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

IV. **WORK EXPERIENCE:** List type of employment, dates and number of hours worked per week for the three (3) most recent positions:

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<tr>
<th>TYPE OF WORK</th>
<th>DATES</th>
<th># OF HOURS WORKED</th>
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V. **EXTRACURRICULAR ACTIVITIES:** List any student/adult association work or volunteer experiences, including dates. NOTE: Non-traditional students include activities for the last five (5) years.

VI. **CAREER GOALS STATEMENT:** Attach a short (250 word or less) typed essay that will summarize your short term and long term goals in dental hygiene/dental assisting.

VII. **FACULTY EVALUATIONS:** Have three (3) faculty members complete the “Applicant Evaluation Form” (see next page) and enclose the form in a sealed envelope. Submit your completed application with three (3) sealed envelopes **no later than 4 pm on Wednesday, March 1, 2017** to the Academic Secretary, Elaine MacDonald in MacRury Hall – Room 142.
Please have three (3) faculty members complete this form, and enclose it in a sealed envelope.

NAME: ___________________________________  DA Student ☐  DH Student ☐

How would you rate this candidate using the following criteria?

<table>
<thead>
<tr>
<th>PROFESSIONALISM</th>
<th>Poor (1)</th>
<th>Fair (2)</th>
<th>Average (3)</th>
<th>Good (4)</th>
<th>Excellent (5)</th>
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<td>Integrity</td>
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<td>Cooperation</td>
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<td>Rapport with clinical patients</td>
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<td>Rapport with classmates</td>
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<td>Rapport with faculty/staff</td>
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| LEADERSHIP SKILLS                |          |          |             |          |               |
| CLINICAL SKILLS                  |          |          |             |          |               |
| ACADEMIC SKILLS                  |          |          |             |          |               |

| TOTALS                           |          |          |             |          |               |

Faculty Signature: __________________________  Date: ____________