

TO BE COMPLETED BY YOUR DENTAL SCHOOL'S FINANCIAL AID OFFICER

The applicant, _____,
is currently enrolled and in good academic standing in dental school.

He/She currently has an academic indebtedness of \$ _____

Financial Aid Officer Name (printed)

Financial Aid Officer Signature

Date

Please scan and email completed information to info@HoraceWellsClub.com. Please include the student's name and "HWC Scholarship" in the subject title. If you chose to mail this information, please send to:

Carolyn Malon
Attn: Horace Wells Scholarship
11 Mountain Terrace Road
West Hartford, CT 06107

Thank you,

The Horace Wells Club