

NEW BOSTON DENTAL CARE, PLLC SCIENCE SCHOLARSHIP

Open to any high school senior student who resides in New Boston, NH
pursuing further education in the sciences

DEADLINE: Must be postmarked on or before May 15, 2008

Student Name _____

Address _____

Phone _____

Date of Birth _____

High School Name _____

Field of Study being pursued in college _____

College you will be attending _____

Please attach a copy of your transcript as well as a 500-word essay indicating why you are pursuing further education in the Sciences.

Please mail your completed application, transcript, and essay to:
New Boston Dental Care, PLLC
PO Box 360
New Boston, NH 03070
ATTN: SCHOLARSHIP
