CDHA NORTHWESTERN SCHOLARSHIP APPLICATION

By completing this application, you are applying for a scholarship offered by the CDHA Northwestern Component. Applicants must reside within the greater Waterbury area. Visit [www.cdha-rdh.com/northwestern](http://www.cdha-rdh.com/northwestern) for eligible towns.

In May of 2025, Northwestern will be awarding a scholarship in the amount of $500.00. The award will be deposited in the recipient’s school financial account.

Please submit the following: application form, transcript, list of activities, and a short essay, as described at the bottom of this page.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DENTAL HYGIENE SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASS STATUS: 1st Year\_\_\_\_ 2nd Year\_\_\_\_ Bachelor Program\_\_\_\_\_

On a separate sheet of paper, provide in typed resume format, any school, community, or volunteer activities, with dates for each. In a short essay, please tell us about yourself, how you became interested in dental hygiene, and your objectives for your professional growth after licensure.

All applications must be post marked by March 15, 2025.

An unofficial copy of your transcript is acceptable.

Only complete applications will be considered.

Send completed applications to:

CDHA Northwestern Scholarship

c/o Jenifer Mancini, RDH

99 Atwood Road

Thomaston, CT 06787

Or email to: jenmancinirdh@gmail.com