



## **New England Hellenic Medical and Dental Society**

### **SCHOLARSHIP APPLICATION**

#### Eligibility Criteria:

- 1. The Scholarship shall be designated the "New England Hellenic Medical and Dental Society (NEHMDS) Scholarship".**
- 2. The NEHMDS will award a scholarship to a student\* paid member of NEHMDS of Hellenic descent based upon academic performance and/or need. This student will in the next academic year attend an accredited medical, dental institution in New England.**
- 3. The student shall have displayed an ongoing interest and commitment to the health field and to Hellenic issues.**
- 4. Scholarship monies will be given directly to the student. Student MUST be present to receive scholarship on May 6<sup>th</sup>, 2017 or else will forfeit the award.**
- 5. The Application shall be filed with the Scholarship Committee before or on **April 10<sup>th</sup> 2017** either via email to [nehmds@nehmds.org](mailto:nehmds@nehmds.org) or mailed to the following address:**

#### **NEHMDS**

**C/o Ioannis P. Glavas, M.D.**

9 Newbury Street, 6<sup>th</sup> Floor

Boston, MA 02116

- 6. Scholarship decisions are made by a committee comprised and approved by the NEHMDS board. All information provided by the applicant will be kept strictly confidential and will not under any circumstances be distributed outside the committee.**

\* Clinical and Research Fellows are also eligible; confirmation of appointment will be required; email [nehmds@nehmds.org](mailto:nehmds@nehmds.org) for any questions regarding the process, eligibility and payment status.



**New England Hellenic Medical and Dental Society  
SCHOLARSHIP APPLICATION**

**I. Full Name** \_\_\_\_\_

**II. Date of Birth** \_\_\_\_\_

**III. Mailing Address** \_\_\_\_\_

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**IV. Email address** \_\_\_\_\_

**V. Are you a member in good standing of the New England Hellenic and Dental Society? Check one: YES NO**

**VI. Is your current position salaried? Check one: YES NO**

**VII. Please attach Undergraduate and Graduate Transcripts.**

**(a) Name of Undergraduate University/College and Graduation Year** \_\_\_\_\_

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**(b) Name of Medical or Dental School and Anticipated Graduation Year** \_\_\_\_\_

\_\_\_\_\_

**VIIa. Please enclose a LETTER of RECOMMENDATION.**



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*(continued)*

**VIII. Please list leadership activities, service or honors received in college and/or graduate school (use an attached sheet if necessary):** \_\_\_\_\_

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**IX. Please list any employment activities while in college and/or graduate school and dates of participation (use an attached sheet if necessary):** \_\_\_\_\_

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**X. Please provide a wallet size photo of yourself.**

