



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 11th, 2019 or else will forfeit the award.**
- 5. The Application shall be filed with the Scholarship Committee *before or on* March 1st, 2019 either via email to nehmds@nehmds.org.**
- 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; appointment must be extended through December 2019; email nehmds@nehmds.org for any questions regarding the process, eligibility and payment status.



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I. Full Name _____

II. Date of Birth _____

III. Mailing Address _____

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 _____

(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): _____

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

X. Please provide a wallet size photo of yourself.



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(continued)

X. STATEMENT OF APPLICANT

(use an attached sheet if necessary)

Why do you consider yourself a worthy candidate for this scholarship?

What are your long-range goals in the health field?

How do you embody the Hellenic spirit?

How do you envision contributing to the society in the future? (limit to 500 words)

Please use the EMAIL button below to submit your application. You will have the opportunity to attached additional documents, if necessary, prior to sending.