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, or 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 via mail.

5. The Application shall be filed with the Scholarship Committee before or on April 5th, 2021, 11:59 PM EST 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.

*Research Fellows are also eligible; confirmation of appointment will be required; appointment must extend through December 2021; email nehmds@nehmds.org for any questions regarding the process, eligibility and payment status.
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 Medical and Dental Society? Circle one: YES NO

VI. Is your current position salaried? Circle 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.
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.
XI. 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)
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