



New England Hellenic Medical and Dental Society

2021 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, 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.

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



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 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.

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

(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.

