



New England Hellenic Medical and Dental Society

2025 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. Student MUST be present to receive scholarship on April 10th, 2025 at “Hygeia award and scholarship evening” at the Consulate General of Greece in Boston or else will forfeit the award.**
- 5. The Application shall be filed with the Scholarship Committee before *or on* March 14th, 2025, 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; research appointment must extend through December 2025; email nehmds@nehmds.org for any questions regarding the process, eligibility and payment status.



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

Please complete all the fields below and enclose all the required documents in your email:

1. **Full Name:**
2. **Date of Birth:**
3. **Email Address:**
4. **Are you a member in good standing of the New England Hellenic Medical and Dental Society? YES NO**
 - a. **Please attach the receipt of your 2025 membership.**
5. **Is your current position salaried? YES NO**
6. **Please attach Undergraduate Transcripts in English.**
 - a. **Undergraduate University/College:**
 - b. **Graduation Year:**
7. **Please attach Graduate Transcripts in English.**
 - a. **Medical or Dental School:**
 - b. **Graduation Year:**
8. **Please enclose a letter of recommendation.**
9. **If research fellow/postdoc, please enclose a proof of your appointment that extends through December 2025 and is signed by your direct supervisor.**
10. **Please provide your CV including (if any) leadership activities, service or honors received in college and/or graduate school.**
11. **Please provide a wallet size photo of yourself.**
12. **STATEMENT OF APPLICANT (Please use an attachment sheet; limit to 500 words.)**

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?

Applicant's signature:

Date: