



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

### **Society 2023 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 8<sup>th</sup>, 2023, 11:59 PM EST via email to [nehmds@nehmds.org](mailto: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 2024; 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**

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

1. **Full Name:**
2. **Date of Birth:**
3. **Mailing Address (This will be used for shipping your award):**
  
4. **Email Address:**
  
5. **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 2023 membership.**
  
6. **Is your current position salaried?** YES  NO
  
7. **Please attach Undergraduate Transcripts in English.**
  - a. **Undergraduate University/College:**
  - b. **Graduation Year:**
  
8. **Please attach Graduate Transcripts in English.**
  - a. **Medical or Dental School:**
  - b. **Graduation Year:**
  
9. **Please enclose a letter of recommendation.**
  
10. **If research fellow/postdoc, please enclose a proof of your appointment that extends through December 2024 and is signed by your direct advisor.**
  
11. **Please provide your CV including (if any) leadership activities, service or honors received in college and/or graduate school.**
  
12. **Please provide a wallet size photo of yourself.**
  
13. **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:*