



Hellenic American Dental Society Scholarship Application 2018

Eligibility Requirements:

- 1) Applicant must be of Hellenic descent.
- 2) Applicant must be enrolled in an accredited dental school.
- 3) Applicants must submit:
 - a) a completed application;
 - b) a dental school transcript;
 - c) a letter of recommendation from dental school faculty;
 - d) a current photo;
- 4) All applications must be submitted by 11:59pm on March 1, 2018.

The applicant understands that if he or she is awarded a scholarship, he or she will be invited to attend the annual awards ceremony on May 20, 2018 as a guest of the Hellenic American Dental Society.

I hereby certify that I have read the eligibility requirements and instructions governing the Hellenic American Dental Society Scholarship Award and that I am a qualified applicant for that scholarship. All of the information contained in my application is my original work product and is true and accurate, and I understand that falsification of any of the submitted information or documents is grounds for immediate disqualification.

Personal

Name in Full _____
Place of Birth _____
Date of Birth _____
Home Address _____ City _____ State _____ Zip _____
Telephone _____
Email Address _____

Education

Undergraduate School _____
Degree _____ Year _____
Graduate School _____
Degree _____ Year _____
Dental School _____
Degree _____ Class of _____
Desired Specialty, if any _____

About the Applicant

The applicant is requested to provide comments related to the following (limit to one separate 8.5"x11" typed page);

- 1) List any scholastic honors and/or academic awards you have received.
- 2) List the specific extracurricular activities in which you have participated.
- 3) Why do you want to become a dentist?
- 4) Why do you feel you should be selected as the recipient of this scholarship?
- 5) Describe your Hellenic descent.
- 6) Describe your participation in the Hellenic community and list the Hellenic organizations with which you have been involved in.

Materials to Provide

The following materials must be submitted to the Scholarship Committee along with your application:

- 1) Dental school transcript
- 2) Letter of recommendation
- 3) Current photo

Oath

I pledge that the information that I have provided is accurate and true to the best of my knowledge.

Signature _____ Date _____

E-mail completed form and other required documents to info@hads.com or mail to:
HADS Scholarship Committee, PO Box 2505, Glenview, IL 60025-2505