



## New England Hellenic Medical and Dental Society

### 2026 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 30<sup>th</sup>, 2026 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 27<sup>th</sup>, 2026, 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 2026; 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. **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 2026 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 2026 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:***