



HELLENIC AMERICAN MEDICAL AND DENTAL SOCIETY OF SOUTHERN CALIFORNIA

SCHOLARSHIP APPLICATION

In order to qualify, applicants must be of Hellenic descent and;

- A. be enrolled in an accredited California Medical or Dental School, or;
- B. a permanent resident of California enrolled in an accredited Medical or Dental School

{Inset your photograph}

Personal

Name in Full _____

Place of Birth _____

Date of Birth *Month* _____ *Day* _____ *Year* _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Mobile _____

Personal Email Address _____

Education

Undergraduate School _____

Degree _____ Year _____

Graduate School _____

Degree _____ Year _____

Medical/Dental School _____

Degree _____ Class of _____

Desired Specialty, if any _____

Hellenic

Describe Hellenic Descent _____

Describe your participation in the Hellenic community and list the Hellenic organizations that you have been involved in, if any: _____

Materials to Provide

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

- A. Two letters of recommendation
 - a. One from a faculty member and one from a Hellenic community leader (organization, spiritual, etc.) sent directly to HAMDS.
- B. Transcripts of grades and class standing
- C. MCAT scores
- D. Photograph to accompany application

Oath

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

First time Applicant

- I pledge if awarded a HAMDS Scholarship, I will;
- A. Contribute to the mission of HAMDS;
 - B. Once a graduate MD, DDS, become a Member of HAMDS via www.hamds.org and remain active in the organization in order to benefit future award recipients;
 - C. Recruit fellow Hellene Doctors or Dentists to join HAMDS and support its mission
 - D. I will Follow and Like the HAMDS page on Facebook, www.facebook.com/HAMDSofSouthernCalifornia

Repeat Applicant

Since receiving my HAMDS Scholarship I have contributed to the mission of HAMDS by: (please check all that apply) -

- Successfully recruiting fellow Hellene Doctors or Dentists to join HAMDS;
Names: _____
- Submitted content for the HAMDS website, E-Newsletter or Facebook page;
- Attended and/or Volunteered at HAMDS events;
Which ones: _____
- Solicited donations to support HAMDS events or its mission;
Names of Donors: _____
- Volunteered my services to HAMDS in another capacity; _____

Submit

Signature _____ Date _____

E-mail completed form and other required documents to: info@hamds.org