



HADS

The Hellenic American Dental Society

SCHOLARSHIP APPLICATION

Eligibility Requirements

1. Applicant must be of Hellenic descent.
2. Applicant must be currently enrolled in an accredited dental school in the U.S. and actively pursuing a dental degree.
3. Transcripts and other pertinent records from all undergraduate colleges and dental schools attended must accompany this application.
4. All applicants must demonstrate existing and anticipated financial need. Documents to support this may be required. All financial information will be kept confidential by the scholarship committee.
5. Applications and transcripts must be received by December 15th of the year immediately preceding the year the scholarship is awarded.
6. An applicant may printout, complete, and mail the following application to the address listed at the bottom of this page. Any questions or comments may also be directed to the scholarship committee.

1. Name (Last, First, M.I.) _____.
2. U.S. Citizen? (Circle One) Yes No
3. Date of Birth (MM/DD/YYYY) ____/____/____.
4. SSN (optional) _____.
5. Home Address _____
(Street) _____ (City) _____ (State) _____ (Zip Code) _____.
6. Phone No. (_____) _____ . Alternate Phone No. (_____) _____ .
7. Email address _____.
8. Dental School _____
(Name) _____ (Complete Address) _____ (Phone No.) _____.
9. Year in Dental School (circle one): 1st 2nd 3rd 4th Class of 20____ Post grad (specify study)_____.
10. Colleges and Universities attended: Dates of attendance:
Name From/To (List most recent first) Degree Grade average

11. High School _____
(Name) _____ (Address) _____ (Year of Grad.) _____.
12. Church Affiliation _____
(Name) _____ (Address) _____ (Priest) _____.
13. Marital Status _____ . If married, spouse's name _____.
14. Parent(s):
a) _____ b) _____
(Name) _____ (City, State) _____ (Name) _____ (City, State) _____.

The applicant is requested to provide comments related to the following (limit response to one separate 8.5" x 11" typed page):

1. List any Scholastic Honors and/or Academic Awards you have received and the school attended.
2. List the specific extracurricular activities in which you have participated (e.g. athletics, church activities, little theater, etc.).
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. How do you feel your grades will reflect your abilities as a dentist?
6. Has your Hellenic heritage played a significant part in your life? If so, please explain.

I hereby acknowledge that I have read the eligibility requirements for this dental scholarship and agree to abide by same. I further state that I have responded truthfully to all particulars upon this application.

X _____
Signature of Applicant Date

Mail application and transcripts to:
HADS Scholarship Committee
c/o Dr. Nicholas J. Svarnias
5265 N. Central Ave. Chicago, IL 60630
773.545.7744