



# The Helping Hands Foundation's Sachem Dental Group Endowed Scholarship Application

Application postmark deadline 05/4/18

Award recipients will be notified via email on or before 5/31/18

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## Applicant Data

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Are you a U.S. citizen or legal resident? Yes \_\_\_ No \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Please indicate your status (For statistical purposes only) Male \_\_\_ Female \_\_\_

\_\_\_ Hispanic/Latino

\_\_\_ Black/African American

\_\_\_ Multi-Racial

\_\_\_ Asian

\_\_\_ Native Hawaiian/Pacific Islander

\_\_\_ White

\_\_\_ American Indian/Alaska Native

## High School Data

School Name \_\_\_\_\_ City: \_\_\_\_\_

High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_ School Telephone: ( ) \_\_\_\_\_

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## College/University Information

**\* YOU MUST BE ATTENDING A COLLEGE/UNIVERSITY ON LONG ISLAND IN THE FALL OF 2018 AS A FULLTIME STUDENT STUDYING IN THE FIELDS OF BIOLOGY, CHEMISTRY, PRE-MED/PRE-DENTAL, OR ANOTHER ASSOCIATED MEDICAL PROFESSION TO BE CONSIDERED FOR THIS SCHOLARSHIP\***

Please use official school names. Do not use abbreviations.

(If unknown, please list in order of preference the schools to which you have applied.)

School #1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School #2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School #3 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Major Course of Study: \_\_\_\_\_

Expected Graduation Year: \_\_\_\_\_

Sending a resume does not replace any part of this application.

Your name, address and name of this scholarship program should be included on all attachments.

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### Community Service

List all community service activities you have participated in during the last four years

| Activity | Years of Participation |
|----------|------------------------|
|          |                        |
|          |                        |
|          |                        |
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### Activities, Awards and Honors

List all school activities in which you have participated during the last four years.

Note all special awards, honors and offices held.

| Activity | No. of Years Partic. | Special Awards, Honors | Offices Held |
|----------|----------------------|------------------------|--------------|
|          |                      |                        |              |
|          |                      |                        |              |
|          |                      |                        |              |
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### Essay (required)

On a separate sheet of paper, please respond to the following topic.

Applicants who do not specifically address this topic will not be considered. Your essay should be 500 words or less.

Include your name and address at the top of each page.

**Tony Gentile's passion for family, commitment to education, and knack for business helped him create a legacy that continues today throughout Long Island. How do you feel your talents will better the Long Island Community and make**

**Sachem Dental Group proud to have selected you for this award?**

*Information about Mr. Gentile and Sachem Dental Group can be found on the Helping Hands Foundation website:*

*[www.HelpingHandsLI.org](http://www.HelpingHandsLI.org)*

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### Transcript Information

**All applicants must include an official high school transcript of grades with the completed application**

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### Certification

The Helping Hands Foundation has the responsibility for selecting recipients based on criteria as set forth in the program description. This application becomes the property of the The Helping Hands Foundation.

I acknowledge decisions are final. I certify that I meet the eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge.

Falsification of information may result in the termination of any award granted.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



# The Helping Hands Foundation's Sachem Dental Group Endowed Scholarship Checklist

Before you submit your application, please double check that:

- You have completed the application, including the essay
- You included your name and address on all additional attachments
- You have double checked your email address  
(this is how you will be contacted if you are selected as an award recipient)
- You are including a copy of your official High School Transcripts with this application
- You are going to be attending a college/university on Long Island  
as a fulltime student in the Fall of 2018 as a prospective  
major in Biology, Chemistry, Pre-Med, Pre-Dental,  
or another associated medical profession
- You are aware of the postmark deadline of May 4, 2018

If you've completed the checklist, please send your completed application, all attachments,  
and your transcripts to:

The Helping Hands Foundation  
Attn: SDG Endowed Scholarship  
2245 Broadhollow Road  
Farmingdale, NY 11735

If you have any questions, please email [info@HelpingHandsLI.org](mailto:info@HelpingHandsLI.org)