

## The Helping Hands Foundation's Sachem Dental Group Vivian & Tony Gentile Endowment Application

## Application postmark deadline 05/08/2020

Award recipients will be notified via email on or before 7/20/2020

Applicant Data		
Last Name	First Name	M.I
Mailing Address		
City	State ZIP	
Telephone ( )		
Email	Date of Birth:/	
Are you a U.S. citizen or legal resider	nt? Yes No	
High School Data		
School Name	City:	
School Telephone: ()	8	
College/University Information		
STUDYING IN THE FIELDS OF BIOLOGY,	ENT AT A COLLEGE/UNIVERSITY ON LONG ISLAND CHEMISTRY, PRE-MED/PRE-DENTAL, OR ANOTHE N TO BE CONSIDERED FOR THIS SCHOLARSHIP*	
Please use official school names. Do not use abbre (If undecided where you will attend, list the school		
School #1	City	
School #2	City	
School #3	City	
Major Course of Study:	Expected Graduation Yea	ar:

Comm	unity Service				
	List all community service activit	ies you have par	ticipated in during the la	st four years.	
	A sale to			<del></del>	
	Activity		Years	of Participation	
Activiti	ies, Awards, and Honors	·			
	List all school activities in which you have p	articipated during the I	ast four years.		
	Note all special awards, honors, and offices	held.			
	Activity	Years of Participation	Special Awards, Honor	s	Offices Held
					<del></del>
'					
Essay (	required)				
	On a separa	te sheet of paper, p	lease respond to the follow	ring topic.	
	Applicants who do not specifically a				0 words or less.
	Describe how you have helped		ddress at the top of each pa leals and goals of the Ho	-	oundation and
,	Vivian & Tony Gentile. How do y	* *	_		
			it can be?		
	Information about Vivian &		pe found on the Helping Ho DingHandsLl.org	ands Foundation	website:
Transci	ript Information	www.rier	ingranasti.org		
Hanse	•	ust include an	official high school	transcript of	grades
	rat appacants in	ast include an	omeiai mgn senoor	cranscript or	Pigaci
Certific	ation				<del></del>
	The Helping Hands Foundation has				
	program description. This application	·			
	I acknowledge decisions are final. I	certify that I meet	the eligibility requirement	ts of the progran	n as described in the

guidelines and the information provided is complete and accurate to the best of my knowledge.

Date\_\_\_\_\_

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

Signature\_\_\_\_\_\_



## The Helping Hands Foundation's Sachem Dental Group Vivian & Tony Gentile Endowment Application

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 2020 as a prospective
major in Biology, Chemistry, Pre-Med, Pre-Dental,
or another associated medical profession
You are aware of the postmark deadline of 5/8/2020

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

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

If you have any questions, please email info@HelpingHandsLl.org