



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

**Application postmark deadline 06/30/22**

Award recipients will be notified via email on or before 7/25/22

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## 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 resident? Yes\_\_\_ No\_\_\_

## High School Data

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

School Telephone: ( ) \_\_\_\_\_

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## College/University Information

**\* YOU MUST BE A FULLTIME STUDENT AT A COLLEGE/UNIVERSITY ON LONG ISLAND IN THE FALL OF 2022 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 undecided where you will attend, list the schools you applied to in order of preference)

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

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

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

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

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

Your name and address 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	Years of Participation	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.

**Describe how you have helped to support the ideals and goals of the Helping Hands Foundation and Vivian & Tony Gentile. How do you feel your degree in the medical field will help make Long Island the best it can be?**

*Information about Vivian & Tony Gentile 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**

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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.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## 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 2022 as a prospective  
major in Biology, Chemistry, Pre-Med, Pre-Dental,  
or another associated medical profession
- | You are aware of the postmark deadline of 6/30/22

**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@HelpingHandsLI.org](mailto:info@HelpingHandsLI.org)



