



Adventureland's
Helping Hands Foundation's
Vivian & Tony Gentile
Sachem Dental Group
Endowment

Application postmark deadline 07/5/2024

Award recipients will be notified via email on or before 8/2/2024

Applicant Data

Last Name _____ First Name _____ M.I. _____

Mailing Address _____

City _____ State _____ ZIP _____

Telephone () _____

Email _____ Date of Birth: ____/____/____

High School Data

School Name _____ City: _____

School Telephone: () _____

College/University Information

*** YOU MUST BE A FULLTIME STUDENT AT A COLLEGE/UNIVERSITY ON LONG ISLAND IN THE FALL OF 2024 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.

Community Service

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

Activity	Years of Participation

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

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*

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_____



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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 going to be attending a college/university on Long Island
as a fulltime student in the Fall of 2024 as a prospective
major in Biology, Chemistry, Pre-Med, Pre-Dental,
or another associated medical profession
- You are aware of the postmark deadline of 7/5/2024

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

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

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