

**APPLICATION DEADLINE: April 1.**

**KONSTANTINE SAYAF PRE-DENTAL \$750. SCHOLARSHIP**

(PLEASE PRINT):

NAME: \_\_\_\_\_

ADDRESS (Local):

\_\_\_\_\_

**e-mail address** \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ **UFID#** \_\_\_\_\_ :

PARENTS' NAMES: & ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

CLASS/COLLEGE: = **2nd or 3rd<sup>rd</sup> year required** \_\_\_\_ UF GPA \_\_\_\_\_

MAJOR (S) - PRE-DENTAL =

\_\_\_\_\_

WHICH COURSES IN GREEK STUDIES? GRADES EARNED?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXTRACURRICULAR ACTIVITIES AND/OR OFFICES HELD:

Attach a listing of these activities.

**ESSAY:** On separate page, type a 1-page statement about yourself, your plans, and what your courses in Greek Studies have meant to you.

**Return this application form to  
Dr. Karelisa Hartigan at 125 Dauer Hall  
APPLICATION DEADLINE: APRIL 1**