

ORDER OF AHEPA

CITRUS DISTRICT 2



SCHOLARSHIP APPLICATION

SCHOLARSHIP PROGRAM RULES AND REGULATIONS

I. QUALIFICATIONS FOR SCHOLARSHIPS

An applicant for scholarship under this program must be:

1. A legal resident of the territory under the jurisdiction of Citrus District #2 **ORDER OF AHEPA** for at least two (2) years.
2. The applicant shall be:
 - a. A son, a daughter, or grandchild of an AHEPAN or DAUGHTERS OF PENELOPE.
 - b. A member of the SONS of PERICLES or MAIDS of ATHENA.
 - c. A son, or daughter of an AHEPAN or DAUGHTER OF PENELOPE who has died and who at the time of death was a member in good standing.
 - d. Orphaned by the loss of both parents, of Greek extraction and residing permanently in Citrus District #2.
 - e. **Sponsored from a chapter** which has timely paid its District 2 Per Capita dues.

II. PROGRAM

1. Recipients must have been accepted for admission to an accredited college and must submit to the chairman of the Scholarship Committee a copy of the original Bursars receipt from the University he or she will be attending.
2. The ANNUAL AHEPA DISTRICT #2 SCHOLARSHIP award will be a minimum amount of five hundred dollars (500.00)
3. The number of scholarships will be determined by the amount of funds available.
4. Applications for the Scholarship Program will be accepted only from students entering their freshman year or those who are matriculating in an Undergraduate program in an accredited college or university.
5. All applicants shall be required to complete the current application prepared by the District Scholarship Committee.
6. The Scholarships will be distributed on the basis of deserving a gift with no financial obligation on the part of recipient.
7. Winners need to complete the acceptance process before the check is issued. The check needs to be cashed by October 31, or they will automatically and without notice forfeit their scholarship and monies will be returned into the scholarship fund for subsequent applications.
8. All applications must be filed with the Scholarship Chairman **NO LATER THAN APRIL 1ST**, of each year, by **certified mail, return receipt requested**. Application postmarked after APRIL 1ST will not be considered for a scholarship. (Name and address on page 8)
9. Applications shall be distributed ninety days (90) prior to the deadline.

10. The approval or rejection for a scholarship application will be officially communicated in writing to the applicant and the sponsoring chapter of AHEPA or DAUGHTERS OF PENELOPE by the Scholarship Chairman via an appropriate letter designed to maintain goodwill for the ORDER OF AHEPA. An email of all scholarship winners will be send to all chapters of the AHEPA FAMILY.
11. The final selection for the scholarship recipients will be made by the Scholarship Selection Committee based on the criteria listed within this application.
12. A **current photo** must be attached to the application.

ORDER OF AHEPA DISTRICT NUMBER 2 SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY

I. PERSONAL DATA

- 1. Name _____
- 2. Home address _____
- 3. City _____ State _____ Zip _____
- 4. Telephone: Home _____ Cell _____
- 5. Date of Birth _____ Place _____
- 6. Email address _____
- 7. Male _____ Female _____

II. EDUCATIONAL EXPERIENCE (Beginning with High School)

1. Name of School	Location	Years Attended	Degree or Diploma
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- a. _____
- b. _____
- c. _____
- d. _____

2. Attached latest transcripts or school record _____

3. List your extra-curricular and community activities (ie. Clubs, societies, sports. etc.)

4. List all the academic honors which you have received.

5. List all Athletic honors that you have received.

III. SCHOLARSHIP'S INTENDED USE

Please name the college or university that you are now attending or will attend.

Name _____

Address _____

City _____ State _____

IV. LIST YOUR AHEPA FAMILY AFFILIATION

1. List Chapter and Affiliation

Mother ____ Father ____ Grandmother ____ Grandfather ____ Self ____

2. Chapter Mailing Address _____

V. FAMILY INFORMATION

1. Parents/Guardian (indicate if deceased)

a. Father's Name _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Title _____

Employer _____ How Long _____

Email _____

b. Mother's Name _____
 Address _____
 City _____ State _____ Zip _____
 Occupation _____ Title _____
 Employer _____ How long _____
 Email address _____

2. Give information below for all dependent children in the family, except the applicant.

Name	Age	School they attend
a. _____		
b. _____		
c. _____		
d. _____		

3. Estimate Budget for the coming year.

a. RESOURCES

From Parents _____	Student savings _____
Loans _____	Government Programs _____
Other _____	TOTAL AVAILABLE _____

b. EXPENSES

Tuition _____	Room and Board _____
Books and Supplies _____	TOTAL PROJECTED COST _____

4. Will you be receiving financial aid from the school that you will enter? YES _____ NO _____

5. Have you received any other scholarships this year? YES _____ NO _____
 If YES indicate amounts and Sources. _____

VI. APPLICANT ESSAY

Each applicant is required to submit 250- word essay about themselves and how they view their Hellenic heritage. The application essay will be typed on plain 8.5” x 11” white paper. Applications without the essay will be deemed incomplete.

VII. SIGNATURE/ENDORSEMENTS

We hereby certify that the information contained in this application for scholarship and submitted documentation is true and correct to the best of our knowledge and belief and that the applicant meets the eligibility set forth in the Bylaws of **CITRUS DISTRICT 2, ORDER OF AHEPA.**

Applicant _____ Date _____

Parent/Guardian _____ Date _____

VIII. TO BE COMPLETED BY THE SPONSORING CHAPTER

- 1. Name of Sponsoring Chapter _____ Number _____
- 2. Have the Chapter’s District obligations been met? YES _____ NO _____
- 3. Applicant’s name _____
- 4. Parent/Guardian/Applicant’s/ Sponsor’s Membership Number _____
- 5. Parent/Guardian/Applicant/Sponsor is in good standing at the time of the application
YES _____ NO _____

6. HAS THE CHAPTER PAID ITS DISTRICT 2 ASSESSMENT DUES TIMELY?

YES _____ NO _____

Chapter President

Chapter Secretary

Signature _____

Signature _____

PRINT NAME _____

PRINT NAME _____

Phone _____

Phone _____

Email _____

Email _____

IMPORTANT

NO SCHOLARSHIP APPLICATION WILL
BE CONSIDERED UNLESS COMPLETED
CURRENT VERSION APPLICATION FORM
AND ALL CREDENTIALS ARE RECEIVED
WITH A POST MARK OF NO LATER THAN
APRIL 1ST.

MAIL ALL SCHOLARSHIP FORMS BY
**CERTIFIED MAIL, RETURN RECEIPT
REQUESTED**

TO:

CHARLES ADAMS
5155 ISLA KEY BLVD, APT 206
ST. PETERSBURG, FL 33715