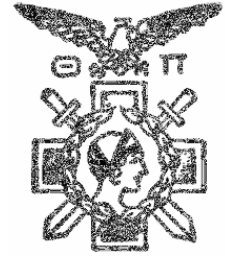




ORDER OF AHEPA DISTRICT #10  
EDUCATIONAL FOUNDATION



**2010**

**UNIVERSITY LEVEL SCHOLARSHIP**  
(Sophomore through Professional Graduate School)

EDUCATIONAL

FOUNDATION

This application form is to be filled out in its entirety as per the enclosed instructions. It is your responsibility to see that all parts are completed and submitted to the District No. 10 Educational Foundation by the Deadline Date OF MAY 1<sup>ST</sup>.



Revised 11/2008





**ORDER OF AHEPA DISTRICT #10  
EDUCATIONAL FOUNDATION  
UNIVERSITY LEVEL SCHOLARSHIP  
(Sophomore through Professional Graduate School)**



**SCHOLARSHIP PROGRAM OBJECTIVES:**

The AHEPA Educational Foundation offers financial support to qualified students for the cost of education in any academic discipline at an accredited college or university.

**ELIGIBILITY REQUIREMENTS (MUST MEET ALL):**

- Must be a member of a District #10 AHEPA, Daughters of Penelope, Sons of Pericles or Maids of Athena Chapter.
  - U.S. Citizen, National or Legal Permanent resident of U.S.A.
  - Must be a full-time student (12 + credits)
  - A cumulative G.P.A. of 3.00 or better.
  - Provide an official university or college transcript.
  - Provide two letters of recommendation on official letterhead: (1) from a current educational institution; and (2) from the applicants AHEPA family chapter which must demonstrate active participation and certified current membership dues paid by March 31 of the application year.
  - Need-based applicants must provide a copy of their institutional financial award letter and/or 1040 with W-2.
  - Provide a 500 word essay as required in the application.
- The applications will be reviewed by the members of the District #10 Educational Foundation and their decision will be final.
- The awards will be presented at the time of the District #10 Convention Banquet. The recipient will be notified immediately after the selection process so that he or she can make arrangements to attend. If the recipient is unable to attend the banquet, a representative **must** be present in order to receive the award on his or her behalf.
- Applicants **MUST USE** the scholarship application that indicates the current year on the cover. Incomplete applications will not be considered.

**DEADLINE:** All required materials must be included with your application and be received no later than **May 1st** on the year applying. **ONLY HARD COPIES WILL BE ACCEPTED.**

**ABSOLUTELY NO APPLICATIONS WILL BE CONSIDERED  
AFTER May 1st.**

Anyone interested or wishing an application, please contact:

Mr. Milton A. Gust  
Executive Secretary  
District #10 Educational Foundation  
1628 Crimson Drive  
Troy, Michigan 48083  
Telephone: 248-689-4156  
imgust@yahoo.com





**ORDER OF AHEPA DISTRICT # 10  
EDUCATIONAL FOUNDATION  
UNIVERSITY LEVEL SCHOLARSHIP**  
(Sophomore through Professional Graduate School)



**THIS APPLICATION MUST BE RECEIVED BY MAY 1<sup>ST</sup>.**

For office use only: Application Number: _____ Date Received: _____
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**BIOGRAPHICAL AND GENERAL DATA**

1. Full Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

2. Permanent Address \_\_\_\_\_

Number

Street

\_\_\_\_\_

City

State

Zip

3. Name of Father \_\_\_\_\_ Mother \_\_\_\_\_

Guardian \_\_\_\_\_

4. A. Date of birth \_\_\_\_\_

B. Place of birth \_\_\_\_\_

C. Years of residence in USA \_\_\_\_\_

5. Is either parent deceased?                      Father \_\_\_Yes \_\_\_No                      Mother \_\_\_Yes \_\_\_No

6. Applicant's current district #10 AHEPA membership: Chapter No. \_\_\_\_\_

Please mark the appropriate organization:                      \_\_\_OA \_\_\_DOP \_\_\_SOP \_\_\_MOA

Is your father presently a paid up member of AHEPA?                      \_\_\_Yes \_\_\_No Chapter No. \_\_\_\_\_

Is your mother presently a paid up member of the D.O.P.?                      \_\_\_Yes \_\_\_No Chapter No. \_\_\_\_\_





7. Is your father employed? \_\_\_Yes \_\_\_No Present occupation: \_\_\_\_\_

Is your mother employed? \_\_\_Yes \_\_\_No Present occupation: \_\_\_\_\_

8. Children in family living at home and/or dependent besides yourself : No.: \_\_\_\_\_

Names and ages: \_\_\_\_\_

9. Dependent children in family currently attending college: No.: \_\_\_\_\_

Names, ages and colleges attending: \_\_\_\_\_

10. Name and address of the college or university you are currently attending:

\_\_\_\_\_

What year will you be entering this fall? \_\_\_\_\_ GPA: \_\_\_\_\_

What major are you presently following? \_\_\_\_\_

11. A. Are you employed? \_\_\_Yes \_\_\_No B. How long \_\_\_\_\_

C. Where \_\_\_\_\_ D. Hours per week \_\_\_\_\_

12. In what AHEPA-related activities have you participated in your community? List the number of years per activity. (max 5 activities)

\_\_\_\_\_  
\_\_\_\_\_

13. What special recognition(s) for excellence in college have you received? (max 5 awards)

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT**

14. Provide a 500 word typed essay to describe: *“How you would contribute to the growth and development of AHEPA’s initiatives and Hellenism.”*

15. Recommendations

A. College/University name: \_\_\_\_\_

B. AHEPA family chapter and number: \_\_\_\_\_

16. **RECOMMENDATIONS, OFFICIAL TRANSCRIPT AND ESSAY MUST BE IN YOUR APPLICATION PACKAGE.**

**\*\* Applicants who are applying for the need-based scholarship must also complete and include the financial data form located on pages 4 & 5 with their package. \*\***





17. I affirm that the information listed in this application is true and accurate.

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Signature of Applicant

18. I (we) affirm that the information listed in this application for our dependent son or daughter is true and accurate.

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Signature of Father

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Signature of Mother

**ENTIRE APPLICATION PACKAGE MUST BE SENT TO :**

Mr. Milton A. Gust, Executive Secretary  
Order of AHEPA District #10  
Educational Foundation  
1628 Crimson Drive  
Troy, Michigan 48083  
Telephone: 248-689-4156  
imgust@yahoo.com

**NOTE:**

It is the responsibility of the applicant to make sure that all parts of the application package are complete and that it arrives at the address above by the deadline of **May 1<sup>st</sup>**.





**ORDER OF AHEPA DISTRICT # 10  
EDUCATIONAL FOUNDATION  
UNIVERSITY LEVEL SCHOLARSHIP  
(Sophomore through Professional Graduate School)**



**NEED-BASED FINANCIAL ASSISTANCE SCHOLARSHIP**

**FINANCIAL DATA**

**DEPENDENT APPLICANTS (AGE 24 AND UNDER):**

1. Name of Father: \_\_\_\_\_ Mother: \_\_\_\_\_
2. Is either parent deceased?            Father    \_\_\_Yes \_\_\_No            Mother    \_\_\_Yes \_\_\_No
3. Number of minor/dependent children, excluding yourself, in household \_\_\_\_\_ Ages: \_\_\_\_\_
4. Number of dependent children, beside you, currently attending college \_\_\_\_\_, and  
What colleges or university do they attend? \_\_\_\_\_
5. Parents' Income:                    Under \$29,999        ( )        \$30,000 - \$49,999        ( )  
    \$50,000 - \$69,999        ( )        \$70,000 or More        ( )

**DEPENDENT APPLICANTS MUST PROVIDE PARENTS' 1040 WITH W-2.  
(THIS INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL)**

**ALL APPLICANTS:**

6. Student employment
  - A. Are you currently employed?            \_\_\_Yes \_\_\_No
  - B. Duration of employment: \_\_\_\_\_
  - C. Place of employment: \_\_\_\_\_
  - D. Hours per week: \_\_\_\_\_
  - E. Do you expect this employment to continue in the fall? \_\_\_\_\_





7. Please list the amount of each scholarship or monetary award(s) that you have received or expect to receive, including loans, G.I. benefits, government programs and work study, and attach your **Financial Award Letter** from the university/college.

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Applicants over 25 years of age without a Financial Award Letter must provide a 1040 and W-2 on their own behalf for consideration.

8. I affirm that the information listed in this application is true and accurate.

\_\_\_\_\_  
Signature of Applicant

9. If dependent applicant:  
I (we) affirm that the information in this application is true and that our son or daughter is in **NEED** of financial assistance in order to attend college or university.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

