



SCHOLARSHIP APPLICATION
THE ORDER OF AHEPA DISTRICT NO. 10
EDUCATIONAL FOUNDATION



2010



THIS APPLICATION FORM IS TO BE FILLED OUT IN ITS ENTIRETY AS PER ENCLOSED INSTRUCTIONS AND GIVEN TO YOUR SCHOOL PRINCIPAL OR COUNSELOR TO COMPLETE THEIR SECTION OF THE APPLICATION. A REFERENCE PAGE SHOULD BE GIVEN TO EACH PERSON WHO IS WRITING THE REFERENCE INDICATED HEREIN FOR COMPLETION. IT IS YOUR RESPONSIBILITY TO SEE THAT ALL PARTS ARE COMPLETED AND SUBMITTED TO THE DISTRICT NO. 10 EDUCATIONAL FOUNDATION BY THE DEADLINE DATE.

• REVISED 10/2001 •



ORDER OF AHEPA DISTRICT #10 EDUCATIONAL FOUNDATION SCHOLARSHIP AWARD INFORMATION



1. In order to be eligible to apply for this scholarship, the applicant shall be a scholastically qualified current Michigan high school graduate who **MUST** meet one of the following conditions:
 - (a) Be of Greek descent.
 - (b) Parent(s) are currently members of the Order of Ahepa or Daughters of Penelope.
 - (c) The applicant is either a Son of Pericles or a Maid of Athena.
 - (d) Is a grandchild of a current member of the Order of Ahepa or Daughters of Penelope.
2. The Order of Ahepa, District #10 Educational Foundation, will accept and review all applications submitted for scholarships with the intent of making awards to qualified applicants.
3. Awards will be made out to the scholarship recipient.
4. Application for a scholarship award will be accepted only upon recommendation of the principal or counselor of the high school from which the student is graduating in June.
5. The scholarship will be awarded with special emphasis on character and intelligence, capacity in chosen field as reflected in school work, scope of interest as reflected in extra-curricular activities, evidence in leadership, and some financial need.
6. The applications will be reviewed by the members of the District #10 Educational Foundation and their decision will be final.
7. 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.
8. 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.**

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





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THE ORDER OF AHEPA DISTRICT NO. 10

EDUCATIONAL FOUNDATION

AHEPAMICHIGAN.ORG



THIS APPLICATION MUST BE RECEIVED BY MAY 1ST.

APPLICATION NUMBER _____

BIOGRAPHICAL AND GENERAL DATA

1. FULL NAME _____ TELEPHONE __ (____) _____

2. PERMANENT ADDRESS _____

NUMBER

STREET

CITY

STATE

ZIP

EMAIL ADDRESS: _____

3. NAME OF FATHER _____ MOTHER _____

GUARDIAN _____

4. A. DATE OF BIRTH _____

B. YOUR PLACE OF BIRTH _____

C. YEARS OF RESIDENCE IN USA _____

5. IS EITHER PARENT DECEASED? FATHER YES NO MOTHER YES NO

6. IS YOUR FATHER PRESENTLY A MEMBER OF AHEPA? YES NO CHAPTER NO. _____

IS YOUR MOTHER PRESENTLY A MEMBER OF THE D.O.P.? YES NO CHAPTER NO. _____

ARE YOU PRESENTLY A MEMBER OF THE S.O.P.? YES NO CHAPTER NO. _____

ARE YOU PRESENTLY A MEMBER OF THE M.O.A.? 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: _____



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ACADEMIC RECORD

10. NAME AND ADDRESS OF HIGH SCHOOL FROM WHICH YOU ARE ABOUT TO GRADUATE

11. A. YOUR FINAL GRADE POINT AVERAGE _____

B. CLASS RANK _____

C. A.C.T. COMPOSITE SCORE _____

D. S.A.T. TOTAL (OPTIONAL) _____

12. A. ARE YOU EMPLOYED? YES NO

B. HOW LONG _____

C. WHERE _____

D. HOURS PER WEEK _____

13. IN WHAT EXTRA-CURRICULAR, IN-SCHOOL ACTIVITIES HAVE YOU PARTICIPATED? LIST NUMBER OF YEARS PER ACTIVITY. (MAX 5 ACTIVITIES)

14. WHAT SPECIAL RECONGNITION(S), IF ANY, HAVE YOU RECEIVED FOR IN-SCHOOL ACTIVITIES, SUCH AS HONORS, AWARDS, PRIZES, OR SCHOLARSHIPS? (MAX 5 AWARDS)

15. IN WHAT NON-CHURCH AND NON-SCHOOL RELATED EXTRA-CURRICULAR ACTIVITIES HAVE YOU PARTICIPATED IN YOUR COMMUNITY? LIST NUMBER OF YEARS PER ACTIVITY. (MAX 5 ACTIVITIES)

16. WHAT SPECIAL RECOGNITION(S), IF ANY, HAVE YOU RECEIVED FOR EXCELLENCE IN NON-CHURCH AND NON-SCHOOL RELATED ACTIVITIES? (MAX 5 AWARDS)

17. IN WHAT HELLENIC (GREEK), CULTURAL OR CHURCH RELATED ACTIVITIES HAVE YOU PARTICIPATED? LIST NUMBER OF YEARS PER ACTIVITY. (MAX 5 ACTIVITIES)

18. WHAT SPECIAL RECOGNITION(S), IF ANY, HAVE YOU RECEIVED FOR EXCELLENCE IN HELLENIC (GREEK), CULTURAL OR CHURCH RELATED ACTIVITIES? (MAX 5 AWARDS)



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19. A. WHAT COLLEGE OR UNIVERSITY WILL YOU BE ATTENDING? _____

NAME

CITY

STATE

B. WHAT VOCATION DO YOU EXPECT TO FOLLOW? _____

20. **IMPORTANT**

PLEASE ATTACH TO THIS APPLICATION A TYPED STATEMENT OF NO MORE THAN 500 WORDS INDICATING, IN GENERAL, "WHAT HELLENISM MEANS TO ME."

Note: A 500 word essay double-spaced in size 14 font should be no longer than 2 pages.

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REFERENCES

21. **NAMES AND ADDRESSES OF THREE REFERENCES NOT GIVEN IN ANY OTHER CONNECTION IN THIS APPLICATION – PREFERABLY, BUT NOT LIMITED TO, TEACHERS OR BUSINESS/COMMUNITY REFERENCES.**

	NAME, TITLE	ADDRESS
1.	_____	_____
2.	_____	_____
3.	_____	_____

***A LETTER OF REFERENCE FROM EACH OF THESE INDIVIDUALS IS TO BE MAILED OR GIVEN TO THE APPLICANT IN A SEALED ENVELOPE SO THE APPLICANT CAN INCLUDE IT IN HIS OR HER COMPLETED APPLICATION PACKET AND MAIL IT TO THE FOLLOWING ADDRESS TO BE RECEIVED BY **MAY 1ST**:**

**MR. MILTON A. GUST, EXECUTIVE SECRETARY
ORDER OF AHEPA, DISTRICT NO. 10
EDUCATIONAL FOUNDATION
1628 CRIMSON DRIVE
TROY, MI 48083
TELEPHONE (248) 689-4156
imgust@yahoo.com**

<p>NOTE: IT IS THE RESPONSIBILITY OF THE APPLICANT TO MAKE SURE THAT ALL PARTS OF THIS APPLICATION, INCLUDING ALL REFERENCES AND COUNSELOR OR PRINCIPAL'S STATEMENTS, HAVE BEEN SUBMITTED AND RECEIVED BY THE DEADLINE DATE OF MAY 1ST.</p>
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I WISH TO HAVE THIS APPLICATION, WHICH I AM SUBMITTING ON TIME, CONSIDERED FOR AN AWARD FROM THE ORDER OF AHEPA, DISTRICT NO. 10 EDUCATIONAL FOUNDATION.

APPLICANT'S SIGNATURE _____ DATE _____



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PRINCIPAL OR COUNSELOR'S STATEMENT

APPLICATION NUMBER _____
(FOR OFFICE USE ONLY)

WITH REGARD TO THE FOREGOING APPLICATION OF _____ FOR A SCHOLARSHIP FROM THE ORDER OF AHEPA, DISTRICT NO. 10 EDUCATIONAL FOUNDATION, I HAVE EXAMINED THE STATEMENTS LISTED BELOW AND BELIEVE THEM TO BE REASONABLY AND CORRECT.

- | | |
|------------------------------------|--|
| 1. DATE OF GRADUATION _____ | 2. COURSE FOLLOWED _____ |
| 3. FINAL GRADE POINT AVERAGE _____ | 4. RANK IN CLASS _____ |
| 5. NUMBER IN CLASS _____ | 6. A. A.C.T. COMPOSITE SCORE _____ |
| | B. S.A.T. TOTAL SCORE (OPTIONAL) _____ |
| 7. HONORS OR AWARDS _____ | |

8. EXTRA-CURRICULAR ACTIVITIES _____
- _____

9. PLEASE ATTACH A COMPLETE TRANSCRIPT OF ALL HIGH SCHOOL GRADES. IF GRADES FOR THE CLOSING SEMESTER ARE NOT AVAILABLE, PLEASE INDICATE COURSES IN PROGRESS. ALSO NOTE ANY COMMENTS ABOUT SCHOLASTIC WORK AND ACADEMIC STANDINGS. _____



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10. SUMMARY OF INFORMATION AND YOUR COMMENTS CONCERNING THE APPLICANT'S FAMILY, EDUCATION, SOCIAL AND ECONOMIC STATUS IN THE COMMUNITY, CHARACTER, ETC., IF KNOWN.

11. SUMMARY OF INFORMATION AND YOUR COMMENTS CONCERNING THE APPLICANT, i.e. CHARACTER, PERSONALITY, HEALTH, CREATIVE ABILITY, ACTIVITIES AND INTERESTS.

12. ON BEHALF OF _____ SCHOOL

I HEREBY DO DO NOT RECOMMEND THIS APPLICANT AS A CANDIDATE FOR A SCHOLARSHIP AWARD FROM THE ORDER OF AHEPA, DISTRICT NO. 10 EDUCATIONAL FOUNDATION.

SIGNATURE OF PRINCIPAL OR COUNSELOR

DATE

PRINTED NAME OF PRINCIPAL OR COUNSELOR

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APPLICATION NUMBER _____

REFERENCES

STUDENT'S NAME _____

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MAY USE BOTH SIDES

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