

**ATHENA NIKOLA
SISMANIDIS**

ANNUAL

SCHOLARSHIP PROGRAM BOOKLET

**SCHOLARSHIP ANNOUNCEMENT
A. RULES AND REGULATIONS
B. INSTRUCTIONS FOR FILING AN APPLICATION
C. APPLICATION FORM**

**Completed applications are to be mailed to
NIKO ELIA SISMANIDIS
11830 S.W. 97th STREET
MIAMI FLORIDA 33186
786-267-7390
VERMIO@GMAIL.COM**



ATHENA NIKOLA SISMANIDIS SCHOLARSHIP AWARD \$1,000

ELIGIBILITY CRITERIA

An application for an award must be:

1. A member, or parent(s) be of Greek Orthodox Church
2. Greek descent (at least one parent)
: admitted as such, to an accredited college or University

APPLICATION POSTMARK DEADLINE: JUNE 30, 2024

For applications and complete information contact

Niko Elia Sismanidis

Tel: 786-267-7390 or VERMIO@GMAIL.COM

Applications also available from St. Andrew church office, Miami FL.

SCHOLARSHIP PROGRAM

A. RULES AND REGULATIONS

1). PURPOSE

- 1.1 The purpose of this scholarship program is to keep Athena's memory alive, to make awareness the craniopharyngioma condition which took Athena away from us, and lastly to recognize the scholastic excellence of selected recipients under the auspices of Niko Sismanidis.

- 1.2 A designated Scholarship Fund has been established and will be maintained by Niko Sismanidis father of Athena Nikola Sismanidis.

2) AWARDS

- 2.1 A **SCHOLARSHIP AWARD** is made on the basis of financial need and scholastic achievement as judged by the Scholarship Committee.

- 2.2 The award to a recipient shall be payable, at the discretion of Niko Sismanidis and approved by the Committee, either to the accredited education institution where the recipient will be, or is enrolled, or directly to the recipient.

- 2.3 At least one award per academic year shall be made by the Scholarship Committee to an applicant who meets both the eligibility and qualification criteria. Additional awards are contingent upon the availability of funds.

3). ELIGIBILITY CRITERIA FOR APPLICANTS

- 3.1 (i) The applicant or the applicant's parents must be a member of a Greek Orthodox Church (ii) The applicant is of Greek descent (at least one the applicant's parents must be of Greek heritage) (iii). The applicant is required to be a USA resident.

- 3.2 An applicant must also have been accepted for admission as a full-time student into a degree program at an accredited educational institution (including a junior or community college) in the U.S.A. that awards associated, undergraduate, or graduate degrees.

4). QUALIFICATION CRITERIA FOR THE SELECTION OF RECIPIENTS

4.1 The Committee's criteria for the election of a recipient of a Scholarship Award are an applicant's financial need and scholastic achievement.

5). CONTINUANCE AWARD

5.1 A recipient of an award is eligible to re-apply for a continuance award if the applicant's academic performance for the previous year is satisfactory to the Committee.

5.2 The Committee may make up to a maximum of three awards to a previous recipient of an award provided funds are available.

6). OBLIGATION OF THE RECIPIENT

6.1 All awards are grants to the recipient for educational purposes.

6.2 There is no financial obligation upon the recipient to repay for the award, except in the case of expulsion of the recipient from the educational institution where he or she is enrolled.

7). PAYMENTS

7.1 At the discretion of the Committee awards will be sent directly to the recipient's educational institution, prior to the date of registration as specified by that institution for its academic semester or term, or paid directly to the recipient.

7.2 An award is to be applied by the recipient to tuition, books, fees, or other related educational expenses.

7.3 If the recipient does not enroll or complete the semester or term, any refunds must be made by the recipient to the Scholarship Fund of ATHENA SISMANIDIS.

8). APPLICATION

8.1 Each applicant shall provide all the information requested on the application form and submit the material required, as listed in the instructions for filing an application for an award.

8.2 The deadline for the receipt of completed application forms is as specified in the scholarship announcement. Only completed applications will be considered by the Committee.

8.3 The Committee shall inform the applicant in writing as to the outcome of the application within a reasonable time. Awards will be made at the start of the academic semester in the fall.

ATHENA NIKOLA SISMANIDIS SCHOLARSHIP PROGRAM

B. INSTRUCTIONS FOR FILING AN APPLICATION

1. Applicants for an award shall provide all the information requested in Part A of the Application Form. Only applicants for a Scholarship Award (financial need) are to complete Part B of the Application Form.
2. Applicants for a continuance award shall re-file a new completed application form.
3. The following material must be included with each application form:
 - (i) A recent passport size photograph attached to the top of the first page of part A in the position indicated.
 - (ii) A copy of the letter of admission from the accredited educational institution.
 - (iii) The official transcript of the applicant's high school, college, or university record.

NOTE: Failure to submit items (i), (ii) and (iii) inclusive will be grounds for voiding the application.

4. **A minimum of 500 words written essay of your understanding the topic of: Craniopharyngioma**
(This is a must!)
5. Only material requested will be evaluated. No other matter should be filed.
6. It is the responsibility of the applicant to submit a fully completed application form with all the material requested no later than the specified deadline date.
7. All forms and information submitted are confidential and non-returnable.
8. The completed application form and all material requested are to be postmarked no later than the deadline date specified in the scholarship announcement and mailed or email to the Chairman of the Scholarship Committee at the address listed in the announcement.

PLEASE DETACH, COMPLETE, AND SUBMIT
THE FOLLOWING FORMS (PAGES 7-9 AND 10 IF RELEVANT)

6. NAME OF COLLEGE OR UNIVERSITY TO WHICH THE APPLICANT HAS BEEN ACCEPTED FOR ADMISSION OR CONTINUATION

Name Street address City State Zip code

Major area of study: _____ Date of first entry: ____/____/____

During the academic year for which I am making application for an award, I will be classified as a:
_____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate

7. PREVIOUS OR CURRENT AWARDS

Name (s): _____

8. EXTRACURRICULAR ACTIVITIES

List varsity sports or intellectual activities: _____

9. CAREER OBJECTIVES

10. STUDENT CERTIFICATION

I hereby affirm that to the best of my knowledge and belief the information on this application is true, complete, and correct.

Applicant's signature

Date: Month / Day / Year

11. FOR HIGH SCHOOL GRADUATE APPLICANTS ONLY

- (A) Attach letter of admission from college / university.
- (B) Attach official high school transcript with school seal.
- (C) I certify that _____
will graduate from high school on _____
with the following:

Actual GPA _____ Actual SAT score _____ Class standing _____

Signature of Principal / Counselor

Date: Month / Day / Year

Name of High School

Address of High School

School Seal

12. FOR COLLEGE / UNIVERSITY APPLICANTS ONLY

COLLEGE / UNIVERSITY RECORD

Freshmen must submit an official transcript of their first semester **as well as** their high school transcript with school seal. Item number 11 above must also be completed.

All other applicants please attach an official college / university transcript with an official seal.

Present cumulative GPA _____ Last semester's GPA _____

Credits earned _____ Semester first enrolled _____

13. ALL APPLICANTS

REFERENCES

List the names, address, and telephone number of two persons whom the Committee may wish to contact to attest to your character or to obtain further information. (Do not list relatives or friends).

NAME	ADDRESS	HOME TELEPHONE / OFFICE TELEPHONE
_____	_____	_____
_____	_____	_____

PART B: TO BE COMPLETED ONLY BY APPLICANTS FOR A SCHOLARSHIP AWARD

1. OCCUPATION OF APPLICANT'S FATHER _____
NAME OF EMPLOYER _____

2. OCCUPATION OF APPLICANT'S MOTHER _____
NAME OF EMPLOYER _____

3. BROTHERS AND SISTERS

<u>Name</u>	<u>Age</u>	<u>School/College/University attended</u>
_____	_____	_____
_____	_____	_____

4. ESTIMATED BUDGET FOR COMING ACADEMIC YEAR

Resources per academic year:

From parents	\$ _____	
From applicant's savings	\$ _____	
From summer earnings	\$ _____	
From scholarship/other awards	\$ _____	
From all other sources	\$ _____	
TOTAL RESOURCES		\$ _____

Expenses per academic year:

Tuition and other fees	\$ _____	
Room and board	\$ _____	
Books, lab., etc.	\$ _____	
Travel, clothing, laundry	\$ _____	
Other	\$ _____	
TOTAL EXPENSES		\$ _____

5. COMMENTS (OPTIONAL - FOR CLARIFICATION)

6. CERTIFICATION BY APPLICANT

I hereby affirm to the best of my knowledge & belief, the information above is true, complete, & correct.

Applicant's signature

Date: Month/Day/Year