



**AHEPA-DAUGHTERS OF PENELOPE
DISTRICT 12 FOUNDATION, INC.**

2023 SCHOLARSHIP APPLICATION FORM

SCHOLARSHIP OPTIONS:

_____ High School Graduating Senior _____ College Undergraduate

PERSONAL INFORMATION:

Name: _____

_____ Male _____ Female Date of Birth: _____

Have you received a AHEPA-Daughters of Penelope District 12 Foundation Scholarship before? _____ YES _____ NO

If yes, what year? _____

ACADEMIC/EDUCATIONAL INFORMATION:

High School/College Name: _____ Cumulative GPA: _____

Address of School: _____

List any sports, extracurricular or community service you have participated in:

What special recognitions have you received for excellence in school (honors, awards, scholarships, etc.):

List any internships or jobs (including summer employment) you have held:

State the name and address of the college, university, technical, trade, or vocational school you are and/or will be attending:

Vocation, or major area, you intend to pursue in school: _____

Applicant's Signature: _____

Date: _____