

CHAPTER 312 SCHOLARSHIP APPLICATION

Having read the eligibility requirements and procedures as published by the local Austin AHEPA Chapter, I submit my application for a CHAPTER 312 SCHOLARSHIP for the academic year commencing in the Fall of 20____.

Applicant's Full Name	
Full Address	
Telephone ()	
E-mail address	
Date of Birth/	
Presently good standing (circle) Son/Maid/Ahepan/Daughter: Yes No if applicable, ID# Chapter #	
Member of the following organizations	
Father's Name	
Presently good standing Ahepan: Yes No; if applicable, ID# Chapt	ter #
Mother's Name	
Presently good standing Daughter: Yes No; if applicable, ID# Chap	oter #
Applicant's University or College	
Degree pursuing	
Major Minor	
Extra-curricular activities	
Applicant's comments (optional)	
Applicant's signature Date//	
PRESIDENT'S ENDORSEMENT	
I verify the information stated in this application and endorse this application.	
Signature of Chapter President Date	//