

John G. Adinamis Memorial Scholarship

c/o

Vanessa Adinamis

2800 S River Rd. Ste 170

Des Plaines, IL 60018

Telephone: 847-375-0095

E-mail: info@jgamemorial.org

Application for Scholarship Award

Deadline for entry: May 30, 2025

Section I. Eligibility Requirements

In memory of John G Adinamis' respect for first responders and those in service profession and his love of the Greek Orthodox faith, two scholarships of \$1,000 each will be award to qualified applicants who demonstrate high character, academic success, and commitment to service. One scholarship will be set aside for students who practice the Greek Orthodox faith and the other will be given to any student who meets the above criteria. Financial need will be a material factor.

All applicants must satisfy the following conditions:

- 1) Be a high school senior who is graduating in 2025 or has graduated in 2025 and is pursuing or will pursue a post-secondary education or a public service academy with a career goal of being any public service profession, OR
- 2) If applying for the Greek American Scholarship, the applicant, or a parent of the applicant, must also be a member in good standing of a Greek Orthodox Parish within the Metropolis of Chicago (please contact your parish priest for this determination).

To be Complete, the following must be completed and received at the above address by the Deadline date of: May 30, 2025.

- A Completed, signed and return the personal information portion of this application (Sections II-IX)
- B. A certified copy of the results on either the ACT test or the SAT test. (Not required if noted on official transcript.), AND
- C. Two (2) completed Recommendation Forms (Section VIII). These forms are to be submitted separately by the individuals who have known the applicant for at least one (1) year and are making the recommendation. The Recommendation Forms are to be sent directly to the address that appears on the forms, by the individuals who are making the recommendations on behalf of the applicant. It is the applicant's responsibility to assure that the individuals selected to make the recommendations submit the required forms to the address above by the deadline date.

Please note that financial need will be an important factor. If you want your application to also reflect a financial need, please use Section VI (Impact Statement) and Section VII (Financial Disclosure) of the application to explain your financial needs, financial obligations and special or extenuating circumstances, as well as any financial aid packages that are being awarded to you.

SCHOLARSHIP APPLICATION

Section II. Student Information

Name Telephone E-mail address

Street Address City, State, Zip Code

Name of Parent or Parents

1. I am currently a: () High School Senior

2. Name of College or University I will attend this Fall (If uncertain, list the two most probable):

1st _____ 2nd _____

3. Are either you or your parents members in good standing of a Greek Orthodox Parish within the Metropolis of Chicago? Yes () No ()

4.. If "YES", which Greek Orthodox Parish?

Parish Name City, State

5. If "YES", please submit a letter of "Good Standing" from your parish priest.

Section III. Academic Information

High School: _____ City, State: _____

Attach a certified copy of your high school grades/ (including ACT test or SAT test results, if available), as instructed in Section I. Note if you are in College or post high school Vocational School only your university or college or vocational transcript required but you may provide if you wish.

Savings \$ _____ Other \$ _____

4. Parents Occupations: Father _____

Mother _____

5. Will you be employed while at school? _____

6. Will you work this summer ? _____

7. Current Scholarships Received for 2025-2026 School Year (name & Amount) ? _____

8. 2025 – 2026 Scholarships Applied for (name & amount) ? _____

Section VIII. Recommendations

Use the attached Recommendation Forms (2) to obtain recommendations from individuals who have known you for at least one (1) year and can provide the Scholarship Selection Committee with a frank appraisal and objective insight into your qualifications, character, abilities, and prospects. You can include parish priests, educators and counselors, supervisors at you place of employment, community and civic leaders, individuals familiar with your charitable endeavors, etc.

Section IX. Acknowledgement and Signature

I hereby acknowledge that I have read the eligibility requirements and state that I am eligible for consideration of a Scholarship award.

Signature of Applicant: _____ Date: _____

I hereby acknowledge that I have read the eligibility requirements and state that the financial representations in Section VII above are true and accurate in all material respects, and I know of no facts that would render the Applicant ineligible.

Signature of Parent or Legal Guardian _____ Date _____

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Recommendation Form

Please respond by: May 30, 2025

This Recommendation Form must be completed by an individual who has known the applicant for at least one year.

The individual named below has applied for a scholarship. The Scholarship Selection Committee wishes a frank appraisal of the applicant's qualifications. The individual's demonstrated abilities, scholarship, character and other pertinent facts are welcome evidence. Please feel free to address how long you have known the applicant and in what capacity; the applicant's enthusiasm for learning; academic achievement; sense of responsibility; positive attitude; sense of humor; organizational skills; leadership; and acceptance of supervision. The appraisal is confidential and will not be seen by the candidate. Please explain why you believe the applicant will pursue a service profession or government service after graduation. If necessary, please use a separate sheet for your appraisal. Completed Recommendation Forms must be received by the deadline date of: **May 30, 2025**. Please submit your response to: **Vanessa Adinamis**, whose address appears above.

Applicant's

Name: _____

Address: _____

City, _____ State, _____ Zip
Code: _____

Name: _____

Title: _____

Relationship to Applicant: _____ Date: _____

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Applicant's

Name: _____

Address: _____

City, _____ State, _____ Zip
Code: _____

Name: _____

Title: _____

Relationship to Applicant: Date: _____