

# ORDER OF AHEPA

## American Hellenic Educational Progressive Association 13th District Scholarship Foundation, Inc.

Peter D. Gianukos, Founder  
P.O. Box 576, Bedford Park, IL 60499-0576

### APPLICATION FOR SCHOLARSHIP AWARD

Due On or Before March 15

#### I. GUIDELINES

#### SCHOLARSHIP AWARDS ARE LIMITED TO THE AHEPA FAMILY AND THE GREEK COMMUNITY

##### 1. BASIC REQUIREMENTS FOR APPLYING

All applicants must:

- have a minimum of a "B" grade point average (GPA),
- be a graduating high school senior this year, or be a past AHEPA scholarship recipient currently in college with documented financial need, (see par 7)
- must reside within AHEPA'S 13<sup>th</sup> District, (Illinois and Wisconsin)
- satisfy either paragraph 2 or 3 that follows.

##### 2. AHEPA FAMILY REQUIREMENTS

The applicant or a parent of the applicant, must be a member in good standing in a 13<sup>th</sup> District AHEPA family chapter for a minimum of 2 years immediately prior to the submittal of this application.

##### 3. GREEK COMMUNITY REQUIREMENTS

The applicant must indicate his/her Greek lineage going back to and including the grandparents. The Scholarship Foundation's interpretation and conclusions on this matter will be final.

##### 4. FINANCIAL NEED APPLICANTS

If you want your application to also reflect a financial need, you must include a copy of the financial aid package being awarded to you. If you have not yet received your financial aid award letter, forward copies of related correspondence indicating you are eligible for grant assistance. Your AHEPA scholarship award may be delayed until such time that you forward your formal, final documents regarding your grant assistance. Having or not having indicated a need for financial aid will NOT influence the scoring of your application. HOWEVER, ALL ELIGIBLE APPLICANTS APPROVED FOR GRANT ASSISTANCE BY THEIR COLLEGE OR UNIVERSITY, ARE ASSURED OF SOME LEVEL OF FINANCIAL AID FROM AHEPA.

##### 5. SEMINARIAN REQUIREMENTS

Must be enrolled, or accepted to begin studies at the Holy Cross School of Theology in Brookline Massachusetts. No minimum GPA is required for eligibility. Evidence of enrollment or acceptance at the Seminary must be provided along with a letter of recommendation from the applicant's parish priest.

##### 6. FIRST TIME APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING:

- Certified transcript from all high schools you have attended
- Two recommendation forms completed by educators at your high school.
- A certified copy of your ACT or SAT test scores, if your results are not on your certified transcript.
- Acceptance letter from your chosen college or university.
- A 2" x 3" (wallet size) photograph, which we may want to use for publicity purposes. (Optional)

##### 7. PAST RECIPIENTS APPLYING FOR FINANCIAL AID SCHOLARSHIPS

- Evidence of a minimum "B" GPA with a certified transcript from all colleges attended.
- School correspondence that you will be receiving grant assistance for this coming school year
- Complete sections II and III in this application. Submittal of ACT or SAT test results not required.

=====  
*I hereby acknowledge that I have read the eligibility requirements, and by my signature confirm that I am eligible to apply for this AHEPA scholarship.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## II. STUDENT INFORMATION

Name	Telephone	e-mail address
------	-----------	----------------

Street Address	City	State	Zip code
----------------	------	-------	----------

1 I am applying for the following scholarship category:

( ) Scholastic ( ) Financial Need ( ) Seminarian

2 I am currently a: ( ) High School Senior ( ) An Undergraduate ( ) Seminarian

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

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

4 Are YOU currently a member of the AHEPA family? ( ) Yes ( ) No

If YES, which Order? ( ) AHEPA ( ) Daughters of Penelope ( ) Sons ( ) Maids

Chapter Name	Chapter No.	City	State	Your Membership No.
--------------	-------------	------	-------	---------------------

5 Are either of your PARENTS a member of the AHEPA Family? ( ) Yes ( ) No

If YES, which Order? ( ) AHEPA ( ) Daughters of Penelope ( ) Sons ( ) Maids

Chapter Name	Chapter No.	City	State	Your Membership No.
--------------	-------------	------	-------	---------------------

6 If 4 and 5 above were answered NO, AND you are of Greek descent, describe in sufficient detail your Greek background and your current involvement in activities within the Greek community:

---

---

---

---

---

---

---

7. Please let us know how you heard about this Scholarship.

( ) AHEPA Chapter \_\_\_\_\_ ( ) Church \_\_\_\_\_ ( ) School ( ) Other \_\_\_\_\_



## II. ACADEMIC INFORMATION

(To be rated 60% of total evaluation)

### High School Seniors Only:

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ Cumulative Grade Point Average (GPA) on 4.0= 'A' basis \_\_\_\_\_

ACT Comp \_\_\_\_\_ SAT Verbal \_\_\_\_\_ SAT Math \_\_\_\_\_ SAT Total \_\_\_\_\_

Attach certified copy of high school grades per instructions on page 1.

### Undergraduate College Students Only:

College or University currently enrolled at: \_\_\_\_\_ From (date) \_\_\_\_\_ to \_\_\_\_\_

Name of other college previously enrolled at: \_\_\_\_\_ From (date) \_\_\_\_\_ to \_\_\_\_\_

Credit hours earned to date \_\_\_\_\_ Cumulative Grade Point Average (GPA) on a 4.0= 'A' basis \_\_\_\_\_

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ACT Comp \_\_\_\_\_ SAT Verbal \_\_\_\_\_ SAT Math \_\_\_\_\_ SAT Total \_\_\_\_\_

Attach certified transcript of college grades per instructions on page 1.

### Scholastic Honors/Awards received in High School/College

Honor \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Honor \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Honor \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Explain Details on Separate Sheet

## IV. SIGNIFICANT ACTIVITIES

(To be rated 30% of total evaluation)

### High School Activities

---

---

If employed after school, describe your duties and indicate your average weekly hours worked: \_\_\_\_\_

---

---

### Church Activities

---

---

### Community Activities

---

---

**V. RECOMMENDATIONS FROM EDUCATORS**

(To be rated 10% of total evaluation)

**VI. EDUCATIONAL OBJECTIVES/CAREER GOALS**

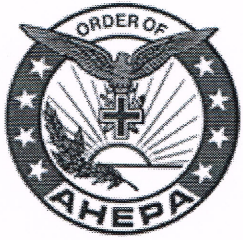
(Limited to space provided only)

(To be rated 5% of total evaluation)

**VII. WRITE AN ESSAY CONCERNING YOUR THOUGHTS**

(To be rated 5% of total evaluation)

**ON THE PURPOSES, IDEALS AND GOALS OF THE ORDER OF AHEPA**



**ORDER OF AHEPA**  
**American Hellenic Educational Progressive Association**  
**13th District Scholarship Foundation, Inc.**  
Peter D. Gianukos, Founder  
P.O. Box 576, Bedford Park, IL 60499-0576

**Recommendation Form**

**Due On or Before March 15**

**THIS RECOMMENDATION FORM MUST BE COMPLETED BY AN EDUCATOR AT THE APPLICANTS SCHOOL OF ATTENDENCE**

This applicant has applied for a scholarship. The Scholarship Selection committee wishes a frank appraisal of the applicant's qualifications. Including demonstrated ability, scholarship, character and other pertinent facts. This appraisal is confidential and will not be seen by the candidate. Please mail this appraisal directly to the above address. This recommendation form must be received no later than March 15.

Applicants Name \_\_\_\_\_

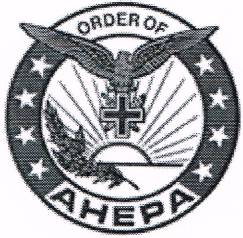
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_





**ORDER OF AHEPA**  
**American Hellenic Educational Progressive Association**  
**13th District Scholarship Foundation, Inc.**  
Peter D. Gianukos, Founder  
P.O. Box 576, Bedford Park, IL 60499-0576

**Recommendation Form**

**Due On or Before March 15**

**THIS RECOMMENDATION FORM MUST BE COMPLETED BY AN EDUCATOR AT THE APPLICANTS SCHOOL OF ATTENDENCE**

This applicant has applied for a scholarship. The Scholarship Selection committee wishes a frank appraisal of the applicant's qualifications. Including demonstrated ability, scholarship, character and other pertinent facts. This appraisal is confidential and will not be seen by the candidate. Please mail this appraisal directly to the above address. This recommendation form must be received no later than March 15.

Applicants Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_