



DISTRICT 9 AHEPA FAMILY
Scholarship Application
College Undergraduate

1. SCHOLARSHIPS

The District 9 AHEPA Family scholarship application is available online by going to www.ahepadistrict9.org and clicking on the tab, PROGRAMS.

Each year, District 9 will award a \$1,000 scholarship to a worthy undergraduate who is currently enrolled in a four (4) year college program. The Scholarship is the AHEPA/Daughters of Penelope College Scholarship

The District 9 College scholarship is limited to one award per applicant during their four (4) year program.

2. IMPORTANT: WHAT THE APPLICANT SHOULD KNOW AND MUST DO

- a. Eligibility requirements:
 - i. Must have been a high school graduate from within the AHEPA District 9 region (Maine, New Hampshire and Vermont) and enrolled as a **full time undergraduate student** in a **four (4)** year program at a college or university.
 - ii. Is an active member of any order with the AHEPA Family (AHEPA, Daughters of Penelope, Sons of Pericles or Maids of Athena), **OR**
 - iii. Is a child or grandchild of an active member of the Order of AHEPA or Daughters of Penelope. An active member is defined as a member in good standing within their respective Chapter for a minimum of two (2) years.
- b. Applicant must complete the District 9 scholarship application in full.
- c. Applicant must have a Grade Point Average (GPA) of 3.2 or higher.
- d. The application **must** be endorsed by the respective Chapter President or Secretary, verifying either his/her membership or that of a parent or grandparent.
- e. Applicant **must** attach an essay of not more than five hundred (500) words, stating *what it means to receive an AHEPA Family Scholarship*.
- f. Applicant **must** submit a current transcript that includes student's Grade Point Average (GPA).
- g. **Application must be mailed and postmarked by April 15.** If postmarked after **April 15**, it will be disqualified. Hand delivered applications will be not be accepted.

Applications not meeting all of the above criteria will be disqualified by the scholarship committee.

The completed application must be mailed to one of the District #9 Scholarship Chairpersons below. All applications will be not be opened until the Scholarship Committee convenes to review said applications.

Order of AHEPA

Mr. Richard J. Rizza
AHEPA Scholarship Chair
22 St. Cyr Drive
Hampton, NH 03842

Daughters of Penelope

Victoria G. Kallan
DOP Scholarship Chair
21 Danbury Drive
Merrimack, NH 03054

The selection of the scholarship recipients will be made solely by the District 9 Scholarship Committee. All information on the scholarship applications shall be confidential and shall be respected and recognized as such by the District 9 AHEPA Family Scholarship Committee.

All scholarship applicants will be notified **in writing** of the decision of the District #9 Scholarship Committee. All decisions made by the committee will be final based upon the information that was submitted by the applicant.

(RESERVED FOR FUTURE USE)

3. PERSONAL DATA

Name _____
Last First Middle Sex

Home Address

Number and Street City or Town State Zip Code

Mailing Address if different from Home address

Number and Street City or Town State Zip Code

Permanent Phone (____) _____ Mobile Phone (____) _____
Area Code Number Area Code Number

Are you or a member of your family a member of the AHEPA Family? Yes _____ No _____

Myself _____ Parent(s) _____ Grandparent(s) _____

Check all that apply: _____ AHEPA _____ DOP _____ Sons of Pericles _____ Maids of Athena

Chapter No. _____ City _____ State _____ Membership No. _____

4. EDUCATIONAL DATA

Name and address of college/university you are attending full time

Area(s) of academic concentration/major _____ or undecided _____

Possible career or professional plans _____ or undecided _____

5. ACADEMICS – EXTRA-CURRICULAR -- ATHLETICS

List all Academic, Extra-curricular, or Athletic programs you are involved with, including recognition for special achievements.

6. WORK EXPERIENCE -- VOLUNTEERING

List all jobs, including summer employment, you have held during the past three years. Also, include a summary of all services you have provided as a volunteer.

7. CHURCH ACTIVITIES

List your participation in any church activity during the past three years and give name and city of church, including time and duration.

7. continued

8. ESSAY

Submit an essay stating *what it means to receive an AHEPA Family Scholarship* - not to exceed **five hundred (500)** words.

9. SIGNATURES AND ENDORSEMENTS

We hereby certify that the information in this application for consideration by the District #9 AHEPA Family Scholarship Committee and submitted documentation is true and correct to the best of our knowledge and belief and that the applicant meets all of the eligibility requirements.

Applicant Signature	Parent/Guardian Signature	Date
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10. LOCAL CHAPTER ENDORSEMENT

I hereby endorse this application and verify the active AHEPA Family membership as stated in Section #2a of this application. **(The active member must be in good standing within their respect Chapter for a minimum of two (2) years.)**

Print Name _____

Signature _____ Title _____ Date _____

_____ Chapter _____ City and State _____