

# AHEPA

## SCHOLARSHIP APPLICATION SCHOOL YEAR 2018

REVISED 1/23/2018

### 1. ELIGIBILITY

**In order to apply and be eligible for one of the scholarships, the applicant must demonstrate that:**

- 1.1. In all cases, AHEPA and Daughters of Penelope Chapters, sponsoring applicants, must be currently participating in the District #17 Assessment Fund.
- 1.2. The applicant is a member, **in good standing**, for a minimum of two years of a Chapter located in District #17, of AHEPA, Daughters of Penelope, Sons of Pericles or Maids of Athena; or
- 1.3. The applicant is the **son** or **daughter** of a member of a Chapter located in District #17, of AHEPA or a member of Daughters of Penelope **in good standing** for a minimum of two years; and
- 1.4. **A student in the graduating class of his or her high school** and planning to attend, **full time**, an accredited college or university during the current calendar year.

### 2. FILING

- 2.1. **This scholarship form is applicable for 2018 only.**
- 2.2. The applicant is responsible for the submission of all documents and completion of all sections of this application and mailing the application package **postmarked no later than April 1**. All information received will be kept confidential. No items will be returned. **Applications postmarked after April 1 will not be considered.** All application packages must be mailed to:

**AHEPA, Rocky Mountain District #17  
c/o David McLay, Scholarship Chairman  
AHEPA Lodge, 6675 E. Tennessee Avenue  
Denver, CO 80246**

### 3. APPLICATION FOR SCHOLARSHIP

**Applicant, Please Complete Below and Sections 4 Through 11 (Type or Print in Black Ink)**

Legal Name \_\_\_\_\_  
Last/Family \_\_\_\_\_ First \_\_\_\_\_ Middle (complete) \_\_\_\_\_

### 4. SCHOLARSHIP

In all cases, consideration will be given to accumulative un-weighted grade point average (0-40 points), ACT Score (0-36) points, Advanced Placement (AP) Scale (One for every class taken (0-9) two written recommendations from teachers and acquaintances (5 points), extracurricular activities and community service (5 points), and work (5 points) for a total of 100 Points.

### 5. SCHOLARSHIP AWARDS

Scholarships awarded will range up to \$1,000, **subject to availability of funds.**

### 6. CREDENTIALS

- 6.1. High school seniors must submit their most recent complete (4 year) official high school transcript.
- 6.2. Applicants **minimum** accumulative grade point average must be 2.75, un-weighted GPA - 4.0 Scale
- 6.3. Applicants must submit the name and address of the College or University they expect or wish to attend.
- 6.4. Applicants must submit documents supporting all honors, achievements, activities, Dean's List, honor societies, and employment while attending school or such claims will not be considered.
- 6.5. Applicants must include only two letters of recommendation, i.e. the applicant's teachers, counselors, advisors, etc. Neither reference should be related to the applicant.
- 6.6. Applicant must include listing of last three years of employment, during school and summer.

**7. PERSONAL DATA**

Legal Name: \_\_\_\_\_

Last/Family \_\_\_\_\_ First \_\_\_\_\_

Middle (complete)Jr., etc. \_\_\_\_\_ Sex \_\_\_\_\_

Prefer to be called: \_\_\_\_\_ (nickname)

Permanent Home Address: \_\_\_\_\_  
Number and Street

City or Town \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

If different from above, please give your mailing address for all correspondence

Mailing Address  
\_\_\_\_\_  
Number and Street

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Use until this date: \_\_\_\_\_

Permanent home telephone ( \_\_\_\_\_ )  
Area Code Number

Telephone at mailing address ( \_\_\_\_\_ )  
Area Code Number

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you an active member of the AHEPA Family? \_\_\_\_ Yes / \_\_\_\_ No.

If yes circle one — \_\_ AHEPA / \_\_ DOP / \_\_ MOA / \_\_ SOP

Chapter affiliation: No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Membership No. \_\_\_\_\_

Is either parent or spouse an active member of AHEPA Family? \_\_\_\_ Yes \_\_\_\_ No

If yes, circle one: \_\_ AHEPA / \_\_ DOP / \_\_ MOA / \_\_ SOP

Chapter affiliation: No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name: \_\_\_\_\_ Membership No. \_\_\_\_\_

## 8. EDUCATIONAL DATA

\_\_\_\_\_  
Name of Academic Institution you expect to attend full time

Address: \_\_\_\_\_

\_\_\_\_\_  
*Number and Street* *City* *State* *Zip Code*

Possible area(s) of academic concentration / major: \_\_\_\_\_  
or Undecided: \_\_\_\_\_

Possible career or professional plans: \_\_\_\_\_  
or Undecided: \_\_\_\_\_

**High School** you attend now: \_\_\_\_\_ Date of entry: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
*Number and Street* *City* *State* *Zip Code*

Date of secondary graduation (**high school**): \_\_\_\_\_

List all secondary schools, including summer schools and programs you have attended beginning with ninth grade.

*Name of School:* \_\_\_\_\_

*Location (City, State, Zip):* \_\_\_\_\_

*Dates Attended:* \_\_\_\_\_

List any colleges at which you have taken additional courses for credit.

*Name of School:* \_\_\_\_\_

*Location (City, State, Zip):* \_\_\_\_\_

*Dates Attended:* \_\_\_\_\_

*Degree or Diploma:* \_\_\_\_\_

Include **official transcript(s)** with the application package

Include **ACT Score** with the application package

Include **Advanced Placement (AP) Classes** with the application package.

## 9. ACADEMIC HONORS

Please list all the academic honors, which you have received. *Attach additional sheets if necessary.*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## 10. WORK EXPERIENCE

Please list any job (including summer employment) you have held during the past three years.

Specific nature of work	Employer	Dates	Hours per week
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## 11. EXTRACURRICULAR, PERSONAL AND VOLUNTEER ACTIVITIES (including summer)

Please list your principal extracurricular, community and family activities and hobbies in the order of their interest to you, ie: clubs, societies, sports, etc.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### SIGNATURES:

Applicant \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION

THE FOLLOWING MATERIAL MUST ACCOMPANY EACH APPLICATION  
INDICATE THAT THE MATERIAL IS INCLUDED BY CHECKING THE APPROPRIATE BOX

1.  - Transcript(s) - Refer to Credentials, Section 6 (Page 1).
2.  - ACT Score - Refer to Credentials, Section 6 (Page 1).
3.  - Advanced Placement (AP) classes - Refer to Credentials, Section 6 (Page 1).
4.  - Two (2) letters of recommendations - Refer to Credentials, Section 6. (Page 1).
5.  - Documents supporting honors and extracurricular activities - Refer to Credentials, Section 6. (Page 1).

### **NOTE:**

**The Application Package must be mailed and postmarked no later than April 1.** Other delivery methods (e-mail, hand delivered, UPS, FedEx, etc.) will not be considered. Items submitted will not be returned. Mail the Application package to:

AHEPA, Rocky Mountain District #17  
c/o David McLay, Scholarship Chairman  
AHEPA Lodge, 6675 E. Tennessee Avenue  
Denver, CO 80246