



DISTRICT 9
AHEPA/Daughters of Penelope High School Scholarship Application
2020 Scholarship Year

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 may award up to (5) scholarships to worthy high school seniors. The dollar amount of the scholarship awards may vary each year subject to the availability of funds.

Current scholarships available are:

1. AHEPA District Scholarship - \$1,000
2. Effie D. Plastiras Award - \$1,000
3. Daughters of Penelope Award - \$1,000
4. Order of AHEPA Award - \$1,000
5. Order of AHEPA Award - \$750

District 9 scholarships are limited to one scholarship per applicant.

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

a. Applicant Eligibility requirements:

- a. Is a graduating high school senior within AHEPA District 9 (Maine, New Hampshire and Vermont)
- b. Is an active member of any order within the AHEPA Family (AHEPA, Daughters of Penelope, Sons of Pericles or Maids of Athena), **OR**
- c. Is a son/daughter of an active member of the Order of AHEPA or Daughters of Penelope. An active member is defined as a member in good standing in their respective Chapter for a minimum of two (2) years.

b. Additional Requirements

- All Sections of the District 9 scholarship application must be completed in full.
- Applicant **must** have a Grade Point Average (GPA) of at least 3.25 **or** must be ranked in the upper **25%** of the class.
- Application **must** include a college letter of acceptance.
- The application **must** be endorsed by the respective Chapter President or Secretary, verifying either his/her membership or that of a parent.

- Application **must** be endorsed by the high school principal or guidance counselor, verifying class size, class rank, and/or grade point average (GPA).
- Applicant **must** attach an essay of not more than five hundred (500) words, stating ‘*What it means to you to receive an AHEPA Family Scholarship*’.
- Applicant **must** submit an **official copy – with school seal** - of their high school transcript that includes SAT and/or ACT scores and GPA, with GPA scale ***based on a 4.0 equivalent***.
- **Application must be postmarked by April 15 and mailed.** If postmarked after **April 15**, it will be disqualified. **Hand delivered applications will not be accepted for review.**
- **Only the current year application will be accepted which is denoted by the revision date in the footer on each page.**

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. No application will be opened until the Scholarship Committee convenes to review said applications.

Order of AHEPA

Richard Rizza
AHEPA Scholarship Chairperson
22 St Cyr Drive
Hampton, NH 03842

Daughters of Penelope

Victoria Kallan
DOP Scholarship Chairperson
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 applicants will be notified **in writing** of the decision by the 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 INFORMATION

Name _____
Last First Middle Sex

Permanent (Home) Address

Number and Street

City or Town County State ZIP Code

Permanent Phone (____) _____
Area Code Number

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

Check applicable organization: _____ AHEPA _____ Daughter of Penelope
_____ Sons of Pericles _____ Maids of Athena

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

4. EDUCATIONAL INFORMATION

Name and address of college/university you plan to attend full time for fall semester

Area of academic concentration/major _____ or undecided _____

Possible career or professional plans _____ or undecided _____

School you now attend _____

5. ACADEMIC HONORS

List all academic honors that you have received and from whom. Attach additional sheets if necessary.

6. ATHLETIC HONORS

List all athletic honors that you have received. Attach additional sheets if necessary.

7. WORK EXPERIENCE

List all jobs (including summer employment) you have held during the past three years.

8. EXTRA-CURRICULAR, SCHOOL AND VOLUNTEER COMMUNITY ACTIVITIES (including summer)

List the activities you were involved in at high school and community. Attach additional sheets if necessary.

9. 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.

10. ESSAY

Please submit an essay on *‘What it means to you to receive an AHEPA Family Scholarship’* - not to exceed five hundred (500) words.

11. SIGNATURES AND ENDORSEMENTS

I/We hereby certify that the information in this application for consideration by the District 9 AHEPA Family Scholarship Committee 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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12. LOCAL CHAPTER ENDORSEMENT

As President/Secretary of Chapter # _____
Chapter Name City and State

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

Name	Title	Date
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13. HIGH SCHOOL PRINCIPAL/GUIDANCE COUNSELOR ENDORSEMENT

In regards to the foregoing application of _____

I certify that the following information is correct as of this date.

Class Size	Class Rank	Grade Point Average
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Name	Title	Date
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