

APPLICATION FOR ORDER OF AHEPA - CHAPTER 517 GARDEN STATE CHAPTER SCHOLARSHIP

Name		
Address		
City	State	Zip
ELIGIBILITY		
 Must be son, daughter, grandson or Chapter Minimum G.P.A. of 3.0 out of 4.0 or Verbal Sections or 23 in ACT Must be high school senior and been 	3.75 out of 5.0 and combine	d SAT score of 1150 in Math &
Date of Application:		
Phone: ((H)	()	(C)
Date Of Birth:	(Mo/Day/Year)	
Educational Level Completed: (Check One)		_ College ate Level
Presently Attending: Name of Institution		
Approximate Graduation Date:	Degree Expected:	
Place A Check To What Applies:		
I Am A U.S. Citizen	I Am Not A	U.S. Citizen
Are You A Member Of The AHEPA Family? _ If Yes: Please Give Membership Number And		

	our Parents Or Spouse A Member? (Yes or No) Please Give Membership Number And Name Of Organization:
Have	You Ever Applied For An AHEPA Family Scholarship? (Yes Or No.)
	You Ever Received A Scholarship Award From The AHEPA? (Yes Or No)
	SEPARATE SHEET OF PAPER PLEASE INCLUDE OR MAKE ARRANGEMENTS TO SUPPLY
THE F	OLLOWING INFORMATION:
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	List affiliations, activities and honors with respect to the Hellenic Community (Sunday school, Greek School, Acolyte, Goya and others) List all extracurricular school and community activities State names of schools attended with dates of attendance for each for grades nine through twelve List the colleges that you have applied for admission List the colleges that you have received a letter of acceptance List scholastic honors and awards received in high school State your purpose in attending college Arrange for official transcript of grades nine through twelve to be mailed directly by respective school or schools to the Scholarship Committee Indicate the applicant's rank in class as of completion of the eleventh grade. Rank out of students. Submit teacher's and one other reference Official Report of Scholastic Aptitude Test (SAT) and/or American College Testing (ACT) must be submitted Short Essay on Hellenisium. Minimum two, maximum three, double-spaced, typed pages.
I certif	y that all statements on this application are true.
	Signature of Applicant

The Scholarship Committee reserves the right to seek verification of all information contained on this application and also the right to call any applicant for a personal interview. All information submitted to the Scholarship Committee will be kept confidential.