

- ◆ **PHOTOCOPY THIS PAGE.**
- ◆ **COMPLETE THE CERTIFICATION DOCUMENT BELOW.**
- ◆ **SIGN AND DATE THE CERTIFICATION DOCUMENT AND USE IT AS THE COVER PAGE TO YOUR APPLICATION.**

ATTENTION: Failure by the applicant to comply with the Application Requirements as set forth in this document may cause the applicant to be disqualified from consideration by the evaluators. All applications will become the property of the Daughters of Penelope Zoe Cavalaris Outstanding Female Athletic Award Committee and will not be returned.

| <u>CERTIFICATION DOCUMENT (PLEASE PRINT)</u> | |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| NAME OF APPLICANT | |
| _____ | |
| NAME OF FAMILY MEMBER OF HELLENIC DESCENT | |
| _____ | RELATIONSHIP _____ |
| (PARENT/GRANDPARENT) | |
| SPONSORING DAUGHTERS OF PENELOPE CHAPTER | |
| NAME _____ | NUMBER _____ |
| CITY/STATE _____ | |
| TOTAL NUMBER OF APPLICATION PAGES (INCLUDING THIS PAGE) _____ | |
| I certify that all statements and information included in this application are true, to the best of my ability and knowledge. | |
| _____ | _____ |
| SIGNATURE | DATE |

ALL APPLICATIONS SHOULD BE MAILED AS EARLY AS POSSIBLE. POSTMARKED NO LATER THAN MAY 11, 2008. TO:

DEBBIE FLETCHER, ATHLETICS CHAIRMAN
5500 TERRACE CREEK
DAYTON, OH 45459

NAME OF APPLICANT

Address:

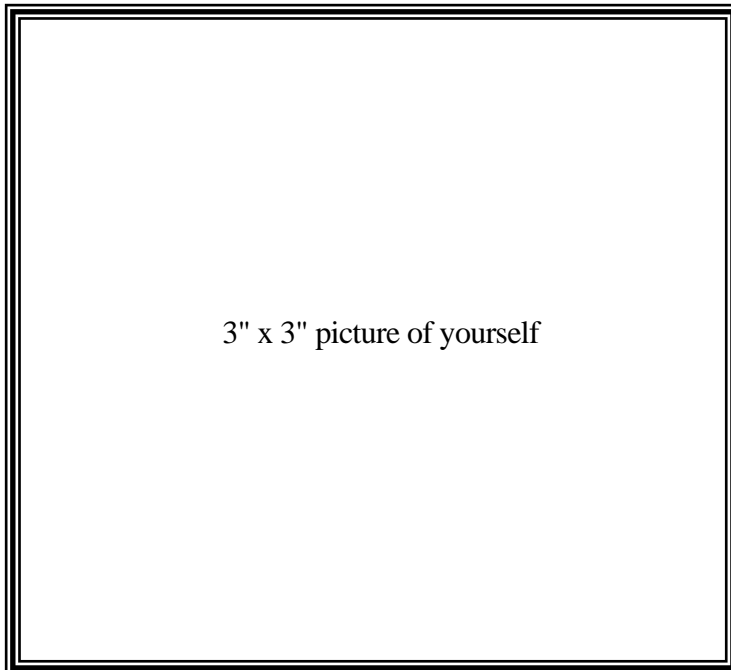
Phone No: _____

E-mail: _____

Date: _____

S.I.N.: ____/____/____

(Needed to issue a Cheque if you are a Scholarship Winner)



DISTRICT 23 SCHOLARSHIP AWARD QUALIFICATIONS

1. The applicant can be male or female.
2.
 - i. The applicant shall be of Greek descent,(from father or mother).
 - ii. It is preferable that the applicant be affiliated with the Order of Ahepa, Daughters of Penelope, Sons of Pericles or Maids of Athena and/or is a child or grandchild of a member of one of the above, (a must for the **Sam Nakos Scholarship**).
3. The applicant must be:
 - i. A student of a government accredited post-secondary educational institution , a university, Community college or CEGEP (Quebec), or
 - ii. A student who has been accepted by such institution, provided that proof of acceptance is also submitted, or
 - iii. A student who is in the process of completing CEGEP (Quebec) and has applied for admission to a government accredited post-secondary educational institution, provided that proof of application is also submitted.
4. The applicant shall submit the following documents to the local **AHEPA or DOP** Chapter President in the nearest municipality.
 - i. **An original copy of his/ her transcript, (in a sealed envelope please)**
 - ii. A letter of recommendation from the principal or guidance counselor of the high school from which he/ she graduated, except where the applicant is already a student at a post secondary institution, as defined above, in which case a professor's letter is recommended..
 - iii. In the case of Article 3. ii. above, **proof of acceptance is required** and in the case of Art. 3. iii. above, proof of application for admission is required.
 - iv. An essay typewritten or printed (one page only) about your educational and vocational goals.

5 District #23 offers the following scholarships.

- i. A scholarship of \$1000.00 US is awarded **to High School graduating students, ONLY, entering undergraduate studies.** This is awarded by the AHEPA EDUCATIONAL NATIONAL SCHOLARSHIP PROGRAM for the DISTRICT SCHOLARSHIP AWARDS and is designated as the NICHOLAS KOUNARIS, P.A. MARGARONIS, SAM NAKOS, WILLIAM THOMAS or CARLOS T. TOURIS SCHOLARSHIP. **Applicants must be a member of the AHEPA Family. If not a MEMBER, then the applicant's Parent(s) / Guardian(s) must be a member of the AHEPA family.**
- ii. **District #23 also offers 4 to 6 scholarships,** (depending of the scholarship funds of the year), to students of a government accredited post-secondary educational institution, a University, Community College or CEGEP, or a student who has been accepted by such institution, provided that proof of acceptance is also submitted. **The deadline of these scholarships is May Sth. No applications will be accepted if it is not in the hands of the District #23 V. P. of Education by the above deadline.**
- iii. **The local Chapter President of AHEPA or D.O.P. shall assist the applicant to forward all the necessary documents, together with a letter of his/her recommendation, to the District #23 V. P. of Education by the above deadline, making also sure that all the information that is provided is correct.**

Address of V.P. of Education:

Bro. Larry Vrionis

3746 Dougall Ave.

Windsor, ON,

N9E-1T7

Cell No. 519/ 566-2719

e-mail: larry.vrionis@sympatico.ca

ORDER OF AHEPA DISTRICT 23 SCHOLARSHIP APPLICATION

Name of applicant: _____

Date and Place of Birth: _____

Grade completed: _____

Name and address of school or college from which you are about to graduate (or have graduated).

Address while attending college or university: _____

Name of father (or court appointed legal guardian): _____

Name of mother (or court appointed legal guardian): _____

Immediate family member(s) who belong to AHEPA and/or Daughters of Penelope. Indicate relationship, name, Chapter name, city and number of years as member:

Are you a member of any of the four Orders of the AHEPA family? _____

If so, give chapter name, number and city where chapter is located, and when initiated:

Anticipated major field of study: _____

If already accepted, name of school: _____

From which junior college, college, CEGEP, university, do you plan to graduate?

_____ When: _____

1. Are you a Member or related to a member of the Ahepa family,
(a must for the SAM NAKOS scholarship etc.). Yes _____, NO _____. Give details.

2. List school activities (by class year, High school-college societies, athletics, offices held.)

3. Name scholastic honors and awards achieved during the last two years.

4. List church and community activities, (Greek School, Sunday School, Altar boy, Goya,
Volunteer and Charitable Organizations, Community Groups at large -time and years).

CHAPTER ENDORSEMENT

I, _____ **President of AHEPA / D.O.P.,**

Chapter Name _____ chapter No. _____ verify that the information

the applicant has submitted, I find it to be true: Therefore, I am pleased to recommend

_____ **as a candidate for a scholarship award.**

Chapter President _____

Date: _____

