

AHEPA Family Firwood District No. 22

The Northwest AHEPA Family Educational Foundation



2017

SCHOLARSHIP APPLICATION PACKET

The Northwest AHEPA Family Educational Foundation is a non-profit, IRS-approved organization interested in promoting and assisting the educational endeavors of AHEPA Family Students.

The Foundation awards scholarships to students on the basis of academic performance, community involvement, and/or financial need.

Our contribution to the educational advancement of our recipients will provide us with tomorrow's community leaders who will continue to disseminate the Hellenic heritage and culture to future generations.

For information on eligibility, other requirements, etc., see last page of this packet.

The fully completed **2017** application packet **MUST BE POSTMARKED BY March 31, 2017**, otherwise it will not be considered. **WARNING:** It is the responsibility of the applicant to make sure that the scholarship package has the postmark on it.

When completed, it should be mailed to:

NW AHEPA Family Educational Foundation
c/o St. Nicholas Greek Orthodox Church
1523 South Yakima Avenue
Tacoma, WA 98405-4460

CHECKLIST FOR APPLICATION PACKET

(All the items must be typed, except as noted.)

This Application Form, completed and signed by the Applicant.

Official current transcript from present school.

For Applicants presently attending High School, this means the transcript for grades 9, 10, 11 and the first half of grade 12. For all others, this means an official transcript for all relevant work up to last completed quarter or semester.

Current Letter of Recommendation.

(Provided by the Applicant's principal, counselor, teacher, professor or employer.)

Applicant's Current Personal Letter.

A personal letter, either typed or hand written, where the Applicant discusses his/her ideals, goals, and the significance of participation in school, civic, church, community, and AHEPA Family activities. If re-applying, one must provide a new personal letter.

Letter of Acceptance to college or university or technical or vocational school.

For Applicants who will be attending a different institution next year, a photocopy of the letter of acceptance from the institution.

Or check here if you will be attending the same institution.

Completed and signed AHEPA Family Eligibility Verification Form.

A blank form is provided at the end of this packet.

Check one:

Applicant is a Member in good standing or

Applicant is related to Endorsing Member in good standing.

Applicant's Photograph.

Applicant's recent photograph, suitable for publication. Please try for a size 2" x 2", "half-tone". Please write name of Applicant on photograph's back. Photographs will not be returned.

The Northwest AHEPA Family Educational Foundation

SCHOLARSHIP APPLICATION FORM

A. APPLICANT'S INFORMATION

1. Applicant's full name: _____

2. Student ID # or SSN: _____

3. Permanent Address: _____

(city, state, zip) _____

4. Telephone at that address: _____ 5. Other Tel.: _____

6. Email address (optional): _____

7. Birth Place: _____ 8. Birth Date: _____

9. Is Applicant a U.S. citizen? Yes No

B. APPLICANT'S FAMILY INFORMATION

1. Is father living? Yes No 2. Is mother living? Yes No

3. Name of living father, mother, or guardian: _____

4. Address of person in 3: _____

(city, state, zip) _____

5. Telephone at that address: _____ 6. Other Tel.: _____

7. Father's occupation: _____ 7. Mother's occupation: _____

8. Names and ages of brothers and sisters:

a. _____ c. _____

b. _____ d. _____

C. APPLICANT’S ACADEMIC STATUS

1. Name of High School: _____

2. Address of High School: _____

(city, state, zip) _____

3. Year of graduation (past or expected): _____

4. When did you enter College, University or Technical School or expect to enter? _____

5. Are you a college graduate? Yes No
If Yes, year of graduation: _____ Degree earned: _____

6. If you are presently enrolled in a College or University, what is your current status?
 Freshman Sophomore Junior Senior Post-Graduate

7. Name of College attending (Fall): _____

8. Financial Aid Office Address: _____

(city, state, zip) _____

9. Your cumulative Grade Point Average (and maximum) is: *(enter only for the one attending:)*

a. High School: _____

b. College: _____

c. Post Graduate: _____

10. What vocation or field of study do you expect to follow?

D. APPLICANT’S SCHOOL ACTIVITIES, HONORS AND AWARDS

1. List special recognitions, awards, honors and scholarships for excellence in academic work:

2. List the extracurricular activities in which you participated, and any offices and positions of leadership held:

3. List special recognition you have received for excellence in extracurricular activities:

(Use additional pages as needed.)

E. APPLICANT’S INVOLVEMENT AND ACTIVITIES WITH AHEPA FAMILY, GREEK AND CIVIC COMMUNITIES

1. With AHEPA Family:

2. With Greek Community:

3. With Civic Community:

(Use additional pages as needed.)

F. ADDITIONAL FUNDING FOR APPLICANT’S FINANCIAL NEED

(This section is optional. It is to be filled only by an Applicant who wishes to be considered for Additional Scholarship Funding based on financial need.)

In order to be considered, an applicant must submit a copy of:

✓ The applicant’s Student Aid Report (SAR) for the current year from U.S. Department of Education. *(This can be accomplished by filling out the U.S. Department of Education Free Application for Federal Student Aid (FAFSA). This may be done online at www.fafsa.ed.gov, or by calling 1-800-433-3243. When the FAFSA has been processed, you will receive your SAR by either e-mail or mail. Enclose a copy of the SAR with your completed scholarship application.)*

Your request for additional financial need funding consideration will not be evaluated unless you submit a copy of your Student Aid Report.

List any other factors you wish the Educational Foundation to consider:

G. APPLICANT’S EMPLOYMENT

Tell about your current and past employment, in chronological order: *(Attach additional pages as needed)*

Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 _____ Hours work per week: _____
 Dates of employment: *(from)* _____ *(to)* _____

Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 _____ Hours work per week: _____
 Dates of employment: *(from)* _____ *(to)* _____

Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 _____ Hours work per week: _____
 Dates of employment: *(from)* _____ *(to)* _____

Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 _____ Hours work per week: _____
 Dates of employment: *(from)* _____ *(to)* _____

H. APPLICANT’S CERTIFICATION

I hereby certify that all information on this form is true and complete to the best of my knowledge. I understand that, if requested by an official of the Educational Foundation, I agree to give proof of the information I have included in this form. I understand that failure to do so may result in my disqualification for financial aid.

Applicant’s signature: _____

Date: _____

(You may separate this page from the rest of the application packet, as long as you submit it together along with your other application materials.)

**HAVE THIS FORM COMPLETED AND SIGNED BY:
THE PRESIDENT, VICE PRESIDENT, SECRETARY OR TREASURER OF THE ENDORSING
CHAPTER OF AHEPA, DAUGHTERS OF PENELOPE, SONS OF PERICLES OR MAIDS OF
ATHENA.**

VERIFICATION OF ELIGIBILITY FORM

By my signature below, I (name) _____ hereby certify that

I am (check one): President Vice President Secretary Treasurer

Of (check one): AHEPA DOP SOP MOA

Chapter No: _____ Chapter located in (City, State) _____

I also certify that (Applicant's Name) _____ is a member in good standing of the above listed Chapter (Membership # _____) or his/her parent or legal guardian is. Name of parent or guardian _____, Membership # _____

Signed on this _____ day of _____, 20__

(Signature:) _____

(Tear out this page. Do not mail it with the completed application packet.)

AHEPA FAMILY FIRWOOD DISTRICT NO. 22 EDUCATIONAL FOUNDATION

AHEPA Family Firwood District 22 has created its own Educational Foundation, a Washington State IRS-approved Non Profit Organization, and does business as Northwest Educational Foundation. Each year, AHEPA Family District 22 elects new Board Members for a 3-year term.

The Educational Foundation awards scholarships annually to members of the AHEPA Family, and to qualified members of their families.

Qualified for scholarship are those individuals who are eligible, and meet other qualifications.

An eligible individual is someone who:

- (1) Has been inducted either in AHEPA, or in the Daughters of Penelope, or in the Sons of Pericles, or in the Maids of Athena in any one of the Chapters of District 22, at least **12 months** prior to the date of applying for a scholarship; or
- (2) Is a child of, or under legal guardianship by an Endorsing Member, who is eligible under paragraph (1) above.

In addition, the Applicant must meet the following qualifications:

- (1) Be presently enrolled in either High School as a senior, or in college, graduate or technical or vocational school;
- (2) Intend to attend an accredited college or university for an undergraduate or graduate program starting in the next school year, or vocational or technical school, for which the scholarship would apply;
- (3) Complete all requirements of the application process, as indicated on the application form.
- (4) The number of scholarship awards have a lifetime maximum for each applicant. Individuals are qualified to receive a maximum of two (2) undergraduate scholarships and one (1) graduate scholarship.

The Applicants must submit this application packet and related documentation by April 15th.

The Educational Foundation will accept all submitted scholarship applications, and keep them confidential. The scholarship applications are reviewed by independent volunteer educators. Applicants who meet best the award criteria will be awarded the scholarships.

The Educational Foundation uses the following award criteria:

- a. Academic achievement.
- b. School activities, Honors and Awards.
- c. AHEPA Family, Greek Community and other Civic Activities.
- d. Financial need, only for those who desire to be considered for additional scholarship funding, and submit the required supplemental information for evaluation.

For all other questions, contact Chairperson **Marianthi Treppiedi**, 509-466-7415, mtreppiedi@comcast.net.

All Awards are presented at the Annual District 22 Convention, which is usually held in June.

Recipients are strongly encouraged to attend the Award Ceremony.