



AHEPA Palmetto Chapter 284
 Dr. Daniel S. Kavadas Scholarship Foundation
 451 Pelham Road • P.O. Box 11702 • Columbia, SC 29211



Full name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Cell _____

Date of birth: _____ Place of birth: _____

I am applying for _____ academic scholarship _____ financial need scholarship _____ both

To qualify, you must have a qualified Ahepan sponsor, either a parent or stepparent in good standing with the Palmetto Chapter 284 of Columbia, SC or Daughters of Penelope Alethia Chapter 302 Columbia, SC or be a member of either chapter and enrolled as a full time student in a university, college, technical college or graduate school. A member in good standing must have paid their dues to their chapter prior to the due date of this application. ALL scholarships will be awarded in December of each year.

Sponsor's Name: _____ Relationship _____

Name of Chapter: _____

Name of high school attending/attended: _____ Graduation year _____

College attending: _____ Major _____

Expected date of entry into college: _____ Expected date of graduation: _____

GPA or equivalent grade: _____ Number in class: _____ Rank in class: _____

Graduate school attending: _____ Program of study _____

What special recognition, if any, have you received for excellence in school work such as honors, prizes or scholarships? _____

Extracurricular activities: _____

Volunteer/Civic: _____

PLEASE COMPLETE THIS SECTION FOR NEED BASED SCHOLARSHIPS ONLY

Mother's name: _____

Approximate annual income: _____

Present occupation: _____ Employer _____

Father's name: _____

Approximate annual income: _____

Present occupation: _____ Employer _____

If you are applying specifically for a hardship scholarship, on the basis of need, a copy of your parents' or guardian's Federal Income Tax Return Form 1040 must be submitted with this application. If parents or guardians filed separate returns, copies of form 1040 for each parent or guardian must be submitted. Submit only pages 1 & 2 of the 1040 form. Applications submitted without appropriate 1040 form(s) can only be considered on academic excellence by the Scholarship Committee.

How and to what extent are your family or guardians able to help you financially? _____

Do you expect to earn any money during the school year? _____

If so, how? _____

Have you applied elsewhere for scholarship aid? _____ If so, list applications: _____

Are other persons dependent on you for support while you are in college? _____ If so, give the names or the particulars _____

I hereby make application for a scholarship from the Order of Ahepa, Chapter #284, Dr. Daniel S. Kavadas Scholarship Foundation.

Applicant's signature: _____ Date: _____

Additional requirements for application:

- Latest official transcript
- Letter of recommendation from a teacher or advisor
- A written statement of your purposes, ideals, and philosophy of life. Additional narrative detailing need is required if scholarship is based on financial hardship.
- Transcripts, recommendation letters and application can be emailed or sent via US mail

Return this application by August 31st to:

Steve Bitzas
1728 Sapling Drive
Columbia, SC 29210

OR

sbitzas@aol.com