



## DR. DANIEL S. KAVADAS SCHOLARSHIP FOUNDATION

**\*\* SCHOLARSHIP APPLICATION \*\***

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CHAPTER: \_\_\_\_\_ NO: \_\_\_\_\_

**BIOGRAPHICAL DATA:**

1. FULL NAME \_\_\_\_\_
2. HOME ADDRESS: \_\_\_\_\_
3. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
4. TELEPHONE: \_\_\_\_\_
5. DATE OF BIRTH: \_\_\_\_\_
6. PLACE OF BIRTH: \_\_\_\_\_

7. NAME OF PARENTS: (PLEASE COMPLETE BOTH COLUMNS)

	FATHER:	MOTHER:
NAME:	_____	_____
LIVING (OR DATE OF DEATH):	_____	_____
PLACE OF BIRTH:	_____	_____
APPROXIMATE ANNUAL INCOME:	_____	_____
PRESENT OCCUPATION:	_____	_____
NAME OF EMPLOYER:	_____	_____

IMPORTANT

If you are applying specifically for a hardship scholarship, on the basis of need, a copy of your parents' or guardians' 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 the appropriate 1040 form/s can only be considered on academic excellence by the Scholarship Committee.

8. NAMES OF BROTHERS, IF ANY: \_\_\_\_\_

9. NAMES OF SISTERS, IF ANY: \_\_\_\_\_

GENERAL DATA:

10. ARE YOU RELATED TO ANYONE IN THE AHEPA FAMILY? \_\_\_\_\_

(ANY BOY OR GIRL OF GREEK DESCENT OR RELATED TO AN AHEPAN, MUST BE SPONSORED BY THE LOCAL OR NEAREST AHEPA CHAPTER.)

11. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
NAME OR NAMES OF CHAPTER/S: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

12. NAME OF HIGH SCHOOL FROM WHICH YOU ARE ABOUT TO GRADUATE: \_\_\_\_\_

ADDRESS OF THE HIGH SCHOOL OR ANY OTHER INSTITUTION: \_\_\_\_\_

13. NUMBER IN CLASS: \_\_\_\_\_ RANK IN CLASS: \_\_\_\_\_  
LAST SEMESTER OR QUARTER GRADES: \_\_\_\_\_

**SCHOLARSHIP APPLICATION  
ORDER OF AHEPA**

IN REGARD TO THE FOREGOING APPLICATION OF \_\_\_\_\_  
FOR A SCHOLARSHIP FROM THE ORDER OF AHEPA, WE HAVE EXAMINED THE  
STATEMENTS AND BELIEVE THEM TO BE REASONABLE AND CORRECT.

1. DATE OF GRADUATION: \_\_\_\_\_
2. COURSE: \_\_\_\_\_
3. AVERAGE GRADE: \_\_\_\_\_
4. PROBABLE RANK IN THE CLASS: \_\_\_\_\_
5. NUMBER IN THE CLASS: \_\_\_\_\_
6. HONORS OR EXCELLENCES: \_\_\_\_\_
7. EXTRA CURRICULAR ACTIVITIES: \_\_\_\_\_

8. PLEASE ATTACH A COMPLETE TRANSCRIPT OF ALL HIGH SCHOOL OR  
COMPARABLE GRADES. IF GRADES FOR THE CLOSING SEMESTER ARE NOT  
YET AVAILABLE, THESE MAY BE SENT LATER, BUT INDICATE COURSES IN  
PROGRESS. NOTE HERE ANY COMMENTS ABOUT SCHOLASTIC WORK. \_\_\_\_\_

9. SUMMARY OF INFORMATION AND COMMENTS CONCERNING THE APPLICANT,  
HIS/HER CHARACTER, PERSONALITY, HEALTH, CREATIVE ABILITY, ACTIVITIES  
AND INTEREST. \_\_\_\_\_

10. IN BEHALF OF \_\_\_\_\_ HIGH SCHOOL OR COLLEGE  
WE RECOMMEND \_\_\_\_\_ AS A  
CANDIDATE FOR A SCHOLARSHIP AWARD FROM THE ORDER OF AHEPA.

\_\_\_\_\_  
(PRINCIPAL OR COMPETENT INDIVIDUAL)

THIS SPACE RESERVED FOR THE ORDER OF AHEPA SCHOLARSHIP COMMITTEE.

APPROVED: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

14. WHAT SPECIAL RECOGNITION, IF ANY, HAVE YOU RECEIVED FOR EXCELLENCE IN SCHOOL WORK SUCH AS HONORS, PRIZES OR SCHOLARSHIPS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. IN WHAT OUTSIDE ACTIVITIES DID YOU PARTICIPATE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. WHAT SPECIAL RECOGNITIONS, IF ANY, HAVE YOU RECEIVED FOR EXCELLENCE IN THESE? \_\_\_\_\_  
\_\_\_\_\_
17. WHEN DO YOU EXPECT TO ENTER COLLEGE? \_\_\_\_\_
18. EXPECTED DATE OF GRADUATION FROM HIGH SCHOOL: \_\_\_\_\_
19. WHAT WILL BE YOUR MAJOR? \_\_\_\_\_
20. HOW AND TO WHAT EXTENT ARE YOUR FAMILY, FRIEND, OR GUARDIAN ABLE TO HELP YOU? \_\_\_\_\_
21. DO YOU EXPECT TO EARN ANY MONEY DURING THE SCHOOL YEAR? \_\_\_\_\_  
HOW? \_\_\_\_\_
22. HAVE YOU APPLIED ELSEWHERE FOR SCHOLARSHIP AID? \_\_\_\_\_ IF SO,  
LIST YOUR APPLICATIONS AND THE PROBABLE AMOUNT INVOLVED. \_\_\_\_\_  
\_\_\_\_\_
23. ARE OTHER PERSONS DEPENDENT UPON YOU FOR SUPPORT WHILE YOU ARE IN COLLEGE? \_\_\_\_\_ IF SO, GIVE THE NAMES OR THE PARTICULARS:  
\_\_\_\_\_
24. PLEASE ATTACH A LETTER IN YOUR OWN HAND WRITING STATING IN GENERAL YOUR PURPOSES, IDEALS AND PHILOSOPHY OF LIFE. ADDITIONAL NARRATIVE DETAILING NEED IS REQUIRED IF SCHOLARSHIP IS BASED ON FINANCIAL HARDSHIP.

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I HEREBY MAKE APPLICATION FOR A SCHOLARSHIP FROM THE ORDER OF AHEPA, DISTRICT NO. 1., CHAPTER 284, DR. DANIEL S. KAVADAS SCHOLARSHIP FOUNDATION.

DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_