



**DISTRICT 9 AHEPA FAMILY**  
**Scholarship Application**  
*College Undergraduate*

**1. SCHOLARSHIPS**

The District 9 AHEPA Family scholarship application is also available online by going to [www.ahepadistrict9.org](http://www.ahepadistrict9.org) and clicking on the tab, PROGRAMS.

Each year, District 9 may award a \$1,000 scholarship to a worthy undergraduate [*sophomore or junior*] who is currently enrolled in a four (4) year college program. The Scholarship is the AHEPA/Daughters of Penelope College Scholarship

**The District 9 College scholarship is limited to one award per applicant during their four (4) year program.**

**2. IMPORTANT: WHAT THE APPLICANT SHOULD KNOW AND MUST DO**

a. Eligibility requirements:

- i. Must have been a high school graduate from within the AHEPA District 9 region (Maine, New Hampshire and Vermont) and enrolled as a **full time undergraduate student** in a **four (4)** year program at a college or university.
- ii. At the time of application, scholarship will be awarded to a sophomore or junior only. Freshmen and seniors are not eligible to apply.
- iii. Is an active member of any order within the AHEPA Family (AHEPA, Daughters of Penelope, Sons of Pericles or Maids of Athena), **OR**
- iv. Is a son/daughter of an active member of the Order of AHEPA or Daughters of Penelope. An active member is defined as a member in good standing in their respective Chapter for a minimum of two (2) years, **OR**
- v. Is a grandson/granddaughter of an active member of the Order of AHEPA or Daughters of Penelope. As an active member is defined as a member in good standing in their respective Chapter for a minimum of two (2) years.

b. Applicant must complete the District 9 scholarship application in full.

c. Applicant must have a Grade Point Average (GPA) of 3.2 or higher.

d. The application **must** be endorsed by the respective Chapter President or Secretary, verifying either his/her membership or that of a parent or grandparent.

e. Applicant **must** attach an essay of not more than five hundred (500) words, stating *what it means to receive an AHEPA Family Scholarship*.

Page 2: Scholarship Application

- f. Applicant **must** submit a current transcript that includes student's Grade Point Average (GPA).
- g. **Application must be mailed and postmarked by April 15.** If postmarked after **April 15**, it will be disqualified. Hand delivered applications will be not be accepted.

**Applications not meeting all of the above criteria will be disqualified by the scholarship committee.**

The completed application must be mailed to one of the District #9 Scholarship Chairpersons below. All applications will be not be opened until the Scholarship Committee convenes to review said applications.

***Order of AHEPA***

Richard Rizza  
AHEPA Scholarship Chair  
22 St Cyr Drive  
Hampton, NH 03842

***Daughters of Penelope***

Victoria G. Kallan  
DOP Scholarship Chair  
21 Danbury Drive  
Merrimack, NH 03054

The selection of the scholarship recipients will be made solely by the District 9 Scholarship Committee. All information on the scholarship applications shall be confidential and shall be respected and recognized as such by the District 9 AHEPA Family Scholarship Committee.

All scholarship applicants will be notified **in writing** of the decision of the District #9 Scholarship Committee. All decisions made by the committee will be final based upon the information that was submitted by the applicant.

(RESERVED FOR FUTURE USE)

**3. PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle Sex

Home Address

\_\_\_\_\_  
Number and Street City or Town State Zip Code

Mailing Address if different from Home address

\_\_\_\_\_  
Number and Street City or Town State Zip Code

Permanent Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

Are you or a member of your family a member of the AHEPA Family? Yes \_\_\_\_\_ No \_\_\_\_\_

Myself \_\_\_\_\_ Parent(s) \_\_\_\_\_ Grandparent(s) \_\_\_\_\_

Check all that apply: \_\_\_\_\_ AHEPA \_\_\_\_\_ DOP \_\_\_\_\_ Sons of Pericles \_\_\_\_\_ Maids of Athena

Chapter No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Membership No. \_\_\_\_\_

**4. EDUCATIONAL DATA**

Name and address of college/university you are attending full time

\_\_\_\_\_  
\_\_\_\_\_

Area(s) of academic concentration/major \_\_\_\_\_ or undecided \_\_\_\_\_

Possible career or professional plans \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ or undecided \_\_\_\_\_

**5. ACADEMICS – EXTRA-CURRICULAR -- ATHLETICS**

List all Academic, Extra-curricular, or Athletic programs you are involved with, including recognition for special achievements.

---

---

---

---

---

---

---

---

**6. WORK EXPERIENCE -- VOLUNTEERING**

List all jobs, including summer employment, you have held during the past three years. Also, include a summary of all services you have provided as a volunteer.

---

---

---

---

---

---

---

---

**7. CHURCH ACTIVITIES**

List your participation in any church activity during the past three years and give name and city of church, including time and duration.

---

---

---

---

**7. continued**

---

---

**8. ESSAY**

Submit an essay stating *what it means to receive an AHEPA Family Scholarship* - not to exceed **five hundred (500)** words.

**9. SIGNATURES AND ENDORSEMENTS**

We hereby certify that the information in this application for consideration by the District #9 AHEPA Family Scholarship Committee and submitted documentation is true and correct to the best of our knowledge and belief and that the applicant meets all of the eligibility requirements.

---

Applicant Signature	Parent/Guardian Signature	Date
---------------------	---------------------------	------

**10. LOCAL CHAPTER ENDORSEMENT**

I hereby endorse this application and verify the active AHEPA Family membership as stated in Section #2a of this application. **(The active member must be in good standing within their respect Chapter for a minimum of two (2) years.)**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

---

Chapter \_\_\_\_\_ City and State \_\_\_\_\_

