



**DISTRICT 9 AHEPA FAMILY  
SCHOLARSHIP APPLICATION**  
*High School Senior*

## 1. SCHOLARSHIPS

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

Each year, District 9 may award up to (5) scholarships to worthy high school seniors. The dollar amount of the scholarship awards may vary each year subject to the availability of funds.

**Current scholarships available are:**

1. AHEPA District Scholarship - \$1,000
2. Effie D. Plastiras Award - \$1,000
3. Daughters of Penelope Award - \$1,000
4. Order of AHEPA Award - \$1,000
5. Order of AHEPA Award - \$750

**District 9 scholarships are limited to one scholarship per applicant.**

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

a. Applicant Eligibility requirements:

- a. Is a graduating high school senior within AHEPA District 9 (Maine, New Hampshire and Vermont)
- b. Is an active member of any order within the AHEPA Family (AHEPA, Daughters of Penelope, Sons of Pericles or Maids of Athena), **OR**
- c. 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**
- d. 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. **Additional Requirements**

- All Sections of the District 9 scholarship application must be completed in full.
- Applicant **must** have a Grade Point Average (GPA) of at least 3.2 **or** must be ranked in the upper **25%** of the class.
- Application **must** include a college letter of acceptance.
- The application **must** be endorsed by the respective Chapter President or Secretary, verifying either his/her membership or that of a parent or grandparent.

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- Application **must** be endorsed by the high school principal or guidance counselor, verifying class size, class rank, and/or grade point average (GPA).
- Applicant **must** attach an essay of not more than five hundred (500) words, stating ‘*What it means to you to receive an AHEPA Family Scholarship*’.
- Applicant **must** submit an **official copy – with school seal** - of their high school transcript that includes SAT and/or ACT scores and GPA, with GPA scale ***based on a 4.0 equivalent***.
- **Application must be postmarked by April 15 and mailed.** If postmarked after **April 15**, it will be disqualified. **Hand delivered applications will not be accepted for review.**

**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**. No application will be opened until the Scholarship Committee convenes to review said applications.

**Order of AHEPA**

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

**Daughters of Penelope**

Victoria Kallan  
DOP Scholarship Chairperson  
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 applicants will be notified **in writing** of the decision by the 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 INFORMATION**

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

Permanent (Home) Address

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town County State ZIP Code

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

Indicate who is a member of the AHEPA Family

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 INFORMATION**

Name and address of college/university you plan to attend full time for fall semester

\_\_\_\_\_

Area of academic concentration/major \_\_\_\_\_ or undecided \_\_\_\_\_

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

School you now attend \_\_\_\_\_

**5. ACADEMIC HONORS**

List all academic honors that you have received and from whom. Attach additional sheets if necessary.

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**6. ATHLETIC HONORS**

List all athletic honors that you have received. Attach additional sheets if necessary.

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**7. WORK EXPERIENCE**

List all jobs (including summer employment) you have held during the past three years.

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**8. EXTRA-CURRICULAR, SCHOOL AND VOLUNTEER COMMUNITY ACTIVITIES  
(including summer)**

List the activities you were involved in at high school and community. Attach additional sheets if necessary.

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**8. EXTRA-CURRICULAR - Continued**

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**9. CHURCH YOUTH ACTIVITIES**

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

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**10. ESSAY**

Please submit an essay on *‘What it means to you to receive an AHEPA Family Scholarship’* - not to exceed **five hundred (500)** words.

**11. SIGNATURES AND ENDORSEMENTS**

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

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Applicant Signature	Parent/Guardian Signature	Date
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**12. LOCAL CHAPTER ENDORSEMENT**

As President/Secretary of Chapter # \_\_\_\_\_  
Chapter Name City and State

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

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Name	Title	Date
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**13. HIGH SCHOOL PRINCIPAL/GUIDANCE COUNSELOR ENDORSEMENT**

In regards to the foregoing application of \_\_\_\_\_

I certify that the following information is correct as of this date.

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Class Size	Class Rank	Grade Point Average
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Name	Title	Date
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