

# ORDER OF AHEPA

## JOHN G. THEVOS 5<sup>TH</sup> DISTRICT ANNUAL SCHOLARSHIP PROGRAM

### APPLICATION FORM

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

AWARDED BY AHEPA CHAPTERS OF  
NEW JERSEY  
&  
DELAWARE

*Administered by the 5th District*  
**Projects Committee**



## AMERICAN HELLENIC EDUCATIONAL PROGRESSIVE ASSOCIATION SCHOLARSHIPS

THE ORDER OF AHEPA, JOHN G. THEVOS 5<sup>TH</sup> DISTRICT SCHOLARSHIP COMMITTEE, IS INVITING YOU TO PARTICIPATE IN ITS SCHOLARSHIP PROGRAM. IF YOU ARE GRADUATING FROM HIGH SCHOOL THIS YEAR AND HAVE BEEN ACCEPTED AND/OR APPLIED TO A SCHOOL OF HIGHER LEARNING, YOU ARE INVITED TO APPLY FOR AN AHEPA 5<sup>TH</sup> DISTRICT SCHOLARSHIP GRANT. THE AHEPA 5<sup>TH</sup> DISTRICT SCHOLARSHIP COMMITTEE HAS BEEN ESTABLISHED FOR THE PERPETUATION OF STUDY AND ADVANCEMENT OF HELLENIC YOUTHS. THE AHEPA HAS BEEN AWARDED SCHOLARSHIP GRANTS TO ELIGIBLE HIGH SCHOOL GRADUATES FOR THE PAST 35 YEARS IN NEW JERSEY AND DELAWARE.

### ELIGIBILITY AND QUALIFICATIONS

Applicants for the scholarship grants and scholastic awards will be considered on the basis of scholastic achievement and participation in school and/or community activities.

The awarding of scholarship grants shall be restricted to:

1. Only the members of the AHEPA family shall be eligible for the John G. Thevos Fifth District Scholarships. The term "AHEPA family members" is to include and be limited to all AHEPANS, DAUGHTERS OF PENELOPE, SONS OF PERICLES, MAIDS OF ATHENA, and their children who reside within the John G. Thevos Fifth District. However, any member who has moved from this area, but has maintained his/her membership in his local Chapter in the Fifth District, then his/her children would be eligible for consideration regardless of their residency.
2. Sons and daughters of deceased AHEPA family members of the John G. Thevos Fifth District, who were in good standing at the time of their death are eligible and may submit an application through the Chapter to which either parent belonged.
3. Grandchildren whose grandparents are members of the AHEPA family of the John G. Thevos Fifth District are eligible to apply.
4. Applicants and/or their sponsors must presently be members in good standing of their respective chapters of the Fifth District for at least three (3) consecutive years. This same rule would apply in paragraphs 1, 2 and 3
5. Only Chapters who have paid in full their per capita tax to National Headquarters through December 31st of the preceding year and paid their obligation to the District Scholarship Program (\$4.00/member) by April 30<sup>th</sup> of the current year are eligible to submit candidates.

All applicants for the grants shall apply through the Chapter of their sponsor and receive the Chapter's endorsement.

All applicants must be accepted by an accredited college or university of their choice in order to qualify for the grant.

An official transcript of the applicant's scholastic record must accompany this application including the applicant's recent grades and final rank to the date of application.

The eligibility of applicants for the grants and scholastic awards shall be restricted to high school students of the Fifth District about to enter college who are in the upper third of their class.

Two letters of personal reference from faculty members of the school last attended and a current photo must accompany this application.

**All applications must be endorsed by the respective Chapter President and Secretary and be filed with the Scholarship Committee by April 1st of each year.**

**PLEASE FULLY COMPLETE THIS APPLICATION AND RETURN TO:  
ERNIE TSAPTSINOS - 2464 SPRING MILL DR. - TOMS RIVER, NJ 08755**

Sponsor (Father or Guardian) Name in Full \_\_\_\_\_

Mother's Maiden Name in Full \_\_\_\_\_

Member of AHEPA, DAUGHTERS of PENELOPE, SONS of PERICLES or MAIDS of ATHENA (state which and date of affiliation) \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING INFORMATION**

1. List affiliations, activities, and honors with respect to the Community (Sunday School, Greek Language School, Acolyte, Goya, and Others) and in your Local Community \_\_\_\_\_  
\_\_\_\_\_
2. State names and schools attended with dates of attendance for each, from grades nine through Twelve \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. List the higher schools of learning that you have applied for admission \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. List the higher schools of learning that you have received a letter of acceptance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List scholastic honors and awards received in High School \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. State your purpose in attending College \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by your high school officials**

Academic standing (Official transcript with school seal) of grades nine through twelve to be mailed directly by respective school or schools to the Scholarship committee.

Indicate the applicant's rank in class as of the eleventh grade. Rank \_\_\_\_\_ out of \_\_\_\_\_ Students.

Official report of Scholastic Aptitude Test (S.A.T.) must be included as part of the official transcript

Please include a picture of yourself to be used for publicity in the event you are approved for a scholarship grant.

I certify that all statements on this application are true.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

The Scholarship Committee reserves the right to seek verification to all information contained on this application and also the right to call any applicant for a personal interview.

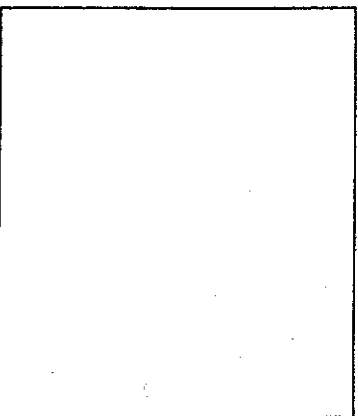
**ENDORSEMENT OF LOCAL CHAPTER**

I hereby declare that the \_\_\_\_\_ Chapter No. \_\_\_\_\_  
of the Order of AHEPA, duly endorsed the within applicant at a regular meeting  
held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Date \_\_\_\_\_ Month \_\_\_\_\_ Current Year \_\_\_\_\_

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
Chapter Secretary

**REPORT OF EDUCATORS AWARD COMMITTEE**



Place Picture Here

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