

ORDER OF AHEPA THE GREATER PHILADELPHIA HERCULES-SPARTAN CHAPTER NO. 26

PHILADELPHIA, PENNSYLVANIA

Scholarship Fund Application

Name of Applicant:
Street Address:
City: State:
Zip Code: County:
Home Phone: Cell Phone:
Email Address:
Date of Birth:
Name of High School Attended:
School Address:
Dates Attended: From: To:
Date Graduated or Date You Will Graduate:
Cumulative Grade Point Average: Class Rank:
Please attach a copy of your latest transcript and, if you are a senior in high school, a copy of your SAT/ACT scores.
College or Technical School you attend or to which you have been accepted:
School Address:
Date of Entry: Type of Degree or Certificate: Major or Vocational Field:
Cumulative Grade Point Average:
Name of Parent or Guardian:
Are you a citizen of the United States? Yes No
Are you of Hellenic descent? Yes No

Are you the recipient of a scholarship or fellowship from another source? (please name and give the amount)	
Have you applied for or plan to accept another scholarship, if offered? (give name & amount if known),	
Name the Father, Mother, or Grandparent that belongs to AHEPA Hercules-Spartan Character Philadelphia or Daughters of Penelope Chapter 129 of Philadelphia	apter
ACTIVITIES PARTICIPATED IN SCHOOL	
Enumerate any honors achieved:	
Other extracurricular activities:	
Sports activities:	

Τŀ	IREE REFERENCES:	
1.	Name	
	Address	
	Phone Number:	
	Email:	
2.	Name	
	Address	
	Phone Number:	
	Email:	
3.	Name	
	Address	
	Phone Number:	
	Email:	
	In 500 words or less, attach an essay in your handwritine explaining your opinion on why you should be granted a AHEPA Chapter 26 Scholarship.	_
Re	eturn application by <u>31 May</u> to:	
30	hn Kanakis Oxford Drive Inghorne, PA 19047	
	gree that the information I entered above and/or emailed may be investigated by the cholarship Committee:	е
Się	gnature of Applicant:	
Da	ate Signed:	