



**ORDER OF AHEPA
DAUGHTERS OF PENELOPE
DISTRICT 8 SCHOLARSHIP PROGRAM**

The Following is a List of Scholarships Available.

1. Peter L. Bell Award #1 \$2,000
 2. Peter L. Bell Award #2 \$2,000
 3. Peter L. Bell Award #3 \$2,000
 4. Emmanuel James Pappas Award #1 \$3,000
 5. Emmanuel James Pappas Award #2 \$3,000
 6. Emmanuel James Pappas Award #3 \$3,000
 7. Emmanuel James Pappas Award #4 \$3,000
- District 8 Awards – Eight \$1,000 Awards

District 8 Awards made Possible by

<p>Harris J. Booris Arthur & Helen Lagadinos Daughters of Penelope -Zelia Chapter 120 - Peabody / Salem Spyros & Anthie Veronis Charles M. Georgenson William Kallas James & Olympia Pappas Fitchburg AHEPA and D.O.P Stergios B. Milonas Speros C. Lazouras</p>	<p>Charles J. Panagopoulos Bessie Lagadinos Peter & Sophia Helekas Eva Cotsidas George & Kalliopi Koukounaris Elita & Charles Gargas Alexander Varkas Michael J. Vrotsos Past District Governors</p>
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Applications and Related Materials must be Filed with the Chairman of the Scholarship Committee by Mail Post marked no later than March 31.

Ted G, Nikolopoulos, Chairman
122 New Boston Road, Dracut, MA 01826
TEL. 978-957-066



DISTRICT 8 SCHOLARSHIP PROGRAM

DO NOT
FILE
THIS FORM

INSTRUCTIONS FOR FILING APPLICATION FOR SCHOLARSHIP AWARDS

The following material must accompany each application and ONLY material requested will be evaluated:

- a. Recent photo.
- b. Transcript of grades attained in High School OR College.
- c. Results of College Board examinations **if** applicant is a High School Senior.
- d. Letter of acceptance from accredited college .if applicant is High School Senior.
- e. Verification of Eligibility, Form B-01 (attached).
- f. Essay on **“What Hellenism Means to Me.”** Essay should not exceed 750 words.

Application and all related material must be filed with the Scholarship Committee Chairman, by mail, NO LATER THAN THE DEADLINE DATE OF **March 31**.

All forms and information submitted are confidential and non-returnable.

RULES AND REGULATIONS:

1. Applicant must have been accepted for admission or be enrolled in an accredited 4 year college or university for undergraduate studies for the coming year. High School seniors and undergraduate college students may apply.
2. Financial need of the applicant will be taken into consideration.
3. Awards shall be given to the student and parent (or guardian) at the end of their FALL semester upon submission BY STUDENT of a copy of their fall semester college report to our Scholarship Committee Chairman.

QUALIFICATIONS - "APPLICANT MUST BE":

1. A son or daughter or grandson or granddaughter of a District 8 AHEPA'n or Daughter of Penelope; or a member of District 8 AHEPA, Daughters of Penelope, Sons of Pericles, or Maids of Athena; AND IN GOOD STANDING WITH THEIR CORRESPONDING CHAPTER FOR AT LEAST TWO (2) YEARS IMMEDIATELY PRECEDING AND FOR THE YEAR IN WHICH THE SCHOLARSHIP AWARD IS GRANTED; OR
2. A son or daughter of a member of the Order of AHEPA who is a member of a chapter within District No. 8 and was initiated into a chapter under the jurisdiction of District No. 8 at the time of such residence; and has subsequently established residence in a state bordering Massachusetts; OR
3. A son or daughter of an AHEPA'n or Daughter of Penelope who has died and who at the time of death was a member in good standing of a chapter in District No.8, AND
4. A legal resident of the territory under the jurisdiction of Bay State District No.8 Order of AHEPA and in good standing with the corresponding chapter for the 2 YEARS immediately preceding, and for the year in which the scholarship award is granted. This also applies to the parents, where applicable.
5. Orphaned by the loss of both parents of -Greek extraction and residing permanently in District No. 8.

Please do not staple material submitted



ORDER OF AHEPA, DAUGHTERS OF PENELOPE
 SONS OF PERICLES, MAIDS OF ATHENA
 DISTRICT 8 SCHOLARSHIP PROGRAM

Form A-01

SCHOLARSHIP PROGRAM APPLICATION

DEADLINE FOR FILING IS **March 31**

Please Type or Print CLEARLY

1. Name: _____ Date of Birth: _____
2. Street Address: _____
 City: _____ State: _____ Zip Code: _____
 E-mail: _____ Phone #: _____
3. Father's Name: _____ Occupation: _____
4. Father's Employer: _____ Years with Firm: ___FT/PT___
5. Mother's Name: _____ Occupation: _____
6. Mother's Employer: _____ Years with Firm: ___FT/PT___
7. Does your father or mother have their own business? Yes___ No___
8. If yes, type of business: _____ No. of employees: ___
 a. No. of partners in business _____ FT:___ PT:___
9. Do your parents own their home? Yes___ No___
10. Do your parents own a second home? Yes___ No___
11. Do your parents own any rental properties? Yes___ No___
12. Give information below for all dependent children in family, EXCEPT APPLICANT

First Name	Age	School or College Attending	Year	College To Be Attended Next Year	Scholarship Aid Current Year

(continued)



ORDER OF AHEPA, DAUGHTERS OF PENELOPE
SONS OF PERICLES, MAIDS OF ATHENA
DISTRICT 8 SCHOLARSHIP PROGRAM

Form A-01

SCHOLARSHIP PROGRAM APPLICATION
(continued)

13. Applicants Estimated Budget for Coming College Year (Sept. – June)

Resources		Expenses	
a) From Parents _____		Tuition _____	
b) From Student's Savings _____		Room & Board _____	
c) Student's Summer Earnings _____		Books, Labs, etc. _____	
d) Scholarships & Grants _____		Laundry, Clothing, Travel, etc. _____	
e) All Other Sources _____		Other Expenses _____	
	Total _____		Total _____

14. Will you be receiving financial aid from college? Yes ___ No ___

15. Will you be receiving any other scholarships or grants this year? Yes ___ No ___

16. How do you plan to meet the expenses needed to complete your education? _____

17. List your extracurricular and community activities: _____

18. College to be attended this fall: _____

Include additional sheet, if needed, to answer questions or give further information.

Date: _____ Signature: _____



ORDER OF AHEPA, DAUGHTERS OF PENELOPE
SONS OF PERICLES, MAIDS OF ATHENA
DISTRICT 8 SCHOLARSHIP PROGRAM

Form B-01

VERIFICATION OF ELIGIBILITY

The applicable section of this form must be completed and signed by appropriate chapter officer, and filed with application and other related material.

Must have been a Member in Good Standing for at least the past 2 Years

AHEPA, Daughter of Penelope, Son of Pericles, Maid of Athena.

FOR A SON OR DAUGHTER OR GRANDSON OR GRANDDAUGHTER OF AN
AHEPA'N OR DAUGHTER OF PENELOPE

I VERIFY THAT:

Applicant _____ is the Son or Daughter or Grandson or
Granddaughter of _____ (parent), who is a paid member in the _
_____ Chapter, AHEPA / DOP (circle one), for the past _____ years;
located in _____, MA.

Signed _____ Chapter No. _____
(Chapter President)

Print Name _____ Date: _____
(Chapter President)

-OR-

FOR MEMBERS of the SONS OF PERICLES or MAIDS of ATHENA

I VERIFY THAT:

Applicant _____ is a paid member in good standing of the _____
_____ Chapter of the SOP / MOA (circle one), for the past _____ years;
located in _____, MA.

Signed _____ Chapter No. _____
(Chapter President)

Print Name _____ Date: _____
(Chapter President)

**Theodore G. Nikolopoulos
122 New Boston Rd.
Dracut, MA 01826-2552**