

AHEPA SCHOLARSHIP AWARD APPLICATION



SPACE COAST CHAPTER # A401

ALL APPLICANTS MUST COMPLY WITH ALL REQUIREMENTS AND COMPLETE APPLICATION PRIOR TO BEING CONSIDERED FOR A SCHOLARSHIP AWARD

**APPLICATION POSTMARK DEADLINE MUST BE – MAY 1<sup>ST</sup>  
IF HAND DELIVERED, MUST BE SUBMITTED BY MAY 1<sup>ST</sup> AT NOON**

SUBMIT APPLICATION TO ST. KATHERINE CHURCH OFFICE:

ST. KATHERINE GREEK ORTHODOX CHURCH  
5965 NORTH WICKHAM ROAD  
MELBOURNE, FLORIDA 32940



ORDER OF  
**AHEPA**

**SPACE COAST CHAPTER # A401  
SCHOLARSHIP PROGRAM CRITERIA**

The purpose of the scholarship award program is to provide financial assistance and to recognize the scholastic excellence of selected recipients under the auspices of the Space Coast Chapter # A401 of The Order of AHEPA (American Hellenic Educational Progressive Association).

**ELIGIBILITY**

An applicant must be;

- A resident of Brevard County, Florida.
- Parent or Grandparent must be affiliated with AHEPA Chapter # A401, or
- Affiliated with the St. Katherine Greek Orthodox Church community.  
(Preference shall be given to candidates with AHEPA affiliation).
- Applicant must be a high school graduating senior or recent graduate.
- Must have a **minimum 3.0 GPA (B - Average)**.
- Must provide proof of acceptance as a full time degree seeking student in an accredited institution of higher learning.

**AWARDS**

Scholarship awards shall be made on the basis of scholarship achievements and beneficial social activities as judged by the Scholarship Committee. In the event of multiple applications, financial need may also be considered. High school applicants or applicants matriculating in good standing in an accredited institution of higher learning may also be considered. All awards are grants solely for educational purposes.

The recipient's award shall be payable to his/her enrolled accredited institution of higher learning.

**APPLICATION REQUIREMENTS**

Applications must be fully completed and submitted to the AHEPA Chapter #A401, Scholarship Committee by May 1, **NO EXCEPTIONS**. Documentary proof must accompany completed applications, particularly concerning college admission and current scholastic and extracurricular activity achievements. These documents must originate from the educational institutions (i.e. high school and/or university/college) which the applicant attended and/or hopes to attend.

Upon the decision of the general membership of the AHEPA Chapter # A401, the committee shall inform all candidates, in writing, of the outcome of their application.



ORDER OF  
**AHEPA**  
SPACE COAST CHAPTER # A401  
SCHOLARSHIP PROGRAM APPLICATION

APPLICANT'S  
PHOTO

1. NAME OF APPLICANT

Last Name

First Name

Middle Name

2. ADDRESS OF APPLICANT FOR CORRESPONDENCE

Number & Street Address

City

State & Zip Code

3. DATE OF BIRTH & GENDER

Month/Day/Year

Gender

4. NAME & ADDRESS OF HIGH SCHOOL OR MATRICULATING UNIVERSITY

High School Graduation Date or  
University Status (Freshman, Sophomore etc.)

Full Time/Part Time

5. RESIDENCY & AHEPA AFFILIATION DATES

Beginning Date of BREVARD County Residency: \_\_\_\_\_  
Month/ Day/Year

Name of Parent and/or Significant Family Member with AHEPA and/or St. Katherine Greek Orthodox

Church Affiliation: \_\_\_\_\_

**6. NAME OF ACCREDITED INSTITUTION OF HIGHER LEARNING  
TO WHICH APPLICANT HAS BEEN ACCEPTED OR MATRICULATING**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State & Zip Code

Major Area of Study: \_\_\_\_\_

Career Objectives: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

During the year for which I am making application for an award I will be classified as a:

\_\_\_\_\_  
Freshman, Sophomore, Junior, Senior

\_\_\_\_\_  
Full or Part Time

**7. HIGH SCHOOL AND/OR UNIVERSITY EXTRACURRICULAR ACTIVITIES**

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

**8. CURRENT AND/OR PREVIOUS AWARDS**

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

**8. APPLICANT CERTIFICATION**

I hereby affirm that the information on this application is true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**9. HIGH SCHOOL GRADUATE APPLICANTS ONLY**

- A. Please attach an admission document from your intended college or university.
- B. Please attach an official high school and or college transcript with the school seal.
- C. The following statement must be completed by a school official;

I certify that \_\_\_\_\_ will graduate from

\_\_\_\_\_ on \_\_\_\_\_  
Name of School Date

The applicant's GPA is \_\_\_\_\_ his/her SAT score is \_\_\_\_\_

and his/her class standing is \_\_\_\_\_.

\_\_\_\_\_  
Signature of School Official Title

\_\_\_\_\_  
Address of School School Seal

**10. UNIVERSITY OR COLLEGE APPLICANTS ONLY**

\_\_\_\_\_  
Name of University or College

\_\_\_\_\_  
Address

College applicants must submit an official transcript of their most recent semester with an official school seal. The following statement must be completed by university/college official.

I certify that \_\_\_\_\_ is a full/part time student.

I also certify that he/she has a cumulative GPA of \_\_\_\_\_ and has earned \_\_\_\_\_ credits towards graduation.

\_\_\_\_\_  
Signature of University or College Official Date Seal

**10. REFERENCES - ALL APPLICANTS**

Give the names and addresses of at least two persons not related to you that can attest to your character.

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Name Address

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Name Address