

DAUGHTERS OF PENELOPE
DISTRICT SIX SCHOLARSHIP APPLICATION
MUST BE POSTMARKED BY MAY 1, 2019

Name _____
(Last) (First) (Middle)

Home Address _____
(Street) (City)

_____ (State) (Zip Code) (Telephone)

Email Address _____

Date and place of birth:

Parents (complete both columns)	Father	Mother
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Name (mother's maiden name) _____

Are you related to anyone in the Daughters of Penelope or AHEPA chapters?

Yes No

List name, address, relationship, name of chapter, city, state and name of order. A grandparent, parent, or legal guardian who are active members through which you are seeking eligibility. (Please note that to be eligible a candidate's qualifying family member must be a member in good standing for a full two years before the application is made.)

Have you been a member for two (2) years of the Maids of Athena or Sons of Pericles?

Yes No

If so, give chapter, name and number.

Name and address of high school or comparable school you are attending

Present course of study _____

List scholastic honors or distinctions received in high school:

List community activities and any special recognition received:

When do you expect to enter college? _____

If already accepted, name of college: _____

Attach a written response to this application in which you discuss your ideals and goals. Discuss who has been the most influential person in your life; in what way, and why. Where do you see yourself five years from now? We ask that you also provide a separate essay that answers the questions: What does the AHEPA family mean to you or what does Hellenism mean to you?

Date

Applicant's Signature

SCHOOL FORM (This form must be postmarked by May 1)

To be filled out by the guidance department of applicant's High School or the school principal or individual who can verify extent of education comparable to a high school education (High School Equivalency Diploma).

In regard to the foregoing applicant _____
Student's Name

for a scholarship from the Daughters of Penelope, we have examined the statements and believe them to be reasonable and correct.

1. Date of graduation _____

2. Grade average _____ (weighted)

3. Grade average _____ (unweighted)

4. Please briefly explain GPA scaling used by your School District:

5. List scholastic honors and distinctions: (Use extra sheet if needed)

6. Extra curricular activities in which student is involved (Use extra sheet if needed)

7. Attach or send a complete transcript of all high school grades and please attach results of SAT or ACT tests to transcript, if student are submitting such scores for consideration (the tests count for up to 20 points of 100 on our point system; their submission is optional but recommended.) We will accept the copy from your high school.

8. Please attach two letters of recommendation: 1) teacher 2) principal and/or guidance counselor.

9. On behalf of _____) we hereby recommend

_____ as a candidate for a scholarship award.

(Student's Name)

Date

Signature and Title

Please Print Name

CHAPTER FORM (IF NO DAUGHTERS CHAPTER, THEN
PLEASE CONTACT THE DISTRICT GOVERNOR)

The Daughters of Penelope Chapter _____,

Chapter No. _____,

Hereby endorses the scholarship application of _____
(Please Print Name of Applicant)

Date

Chapter President's Signature

Print President's name

Chapter Secretary's Signature

Print Secretary's name

Please send this application with the two letters of recommendation to the following address:

Scholarship Committee Chairman:

Name: Christine Constantine Malgarinos, PGP

Address: 5 Locust Road,
Ossining, New York 10562
