

HAMMOND CHAPTER #123 ORDER of AHEPA SCHOLARSHIP APPLICATION

Applicant's name _____
Last First Middle

Home Address _____

Telephone _____ Date of Birth _____

I am: Graduating High School Senior @ _____ High School
City and State

College/University undergraduate or graduate student @ _____
City and State

Vocational/Technical student @ _____
City and State

Have you received the Hammond AHEPA Chapter scholarship before? _____
If so, please enter the amount and the year of the scholarship: _____

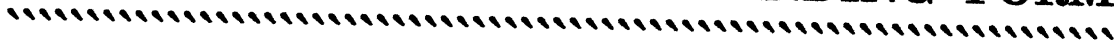
For High School graduates: Where do you plan to enroll for further education?

What will be your major emphasis of study? _____

For College/University/ Technical students: What is your major field of study?

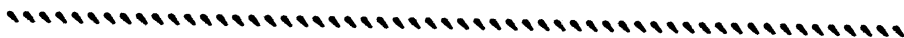
List all Scholastic Honors, Extra Curricular Activities and Community Service Projects:

VERIFICATION OF GOOD STANDING FORM



INSTRUCTIONS: It is the sole responsibility of each applicant to complete the VERIFICATION of GOOD STANDING form, signed by the appropriate Chapter officer of the Hammond AHEPA Chapter #123 or by an officer of the Church Council of the Saint Demetrios Greek Orthodox Church of Hammond, Indiana. Please submit the VERIFICATION form as a part of the application.

HAMMOND AHEPA CHAPTER #123 VERIFICATION



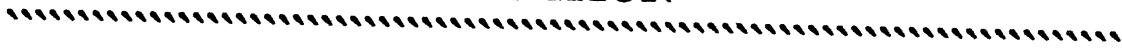
I hereby certify that this applicant qualifies under the relevant part of the by-laws of the Hammond Chapter #123 of the Order of AHEPA.

- The applicant is currently a member in good standing of the Hammond Chapter and has been for at least one year.
- _____, parent of the applicant, is currently a member in good standing of the Hammond Chapter and has been for at least one year.
- _____, grandparent of the applicant, is currently a member in good standing of the Hammond Chapter and has been for at least one year.

Chapter President or Secretary

Name of Applicant

**SAINT DEMETRIOS GREEK ORTHODOX CHURCH
VERIFICATION**



I hereby certify that the applicant is currently a member in good standing or that the applicant's parent(s) are member(s) in good standing of the Saint Demetrios Greek Orthodox Church of Hammond, Indiana, and have been members for at least one year.

Church official & Title

Name of Applicant

Name(s) of Applicant's parent(s)

All applicants must submit the most recent copy of their transcript of grades.

Any additional information such as letters of recommendations or other pertinent data could be helpful.

FOR HIGH SCHOOL SENIORS ONLY >>>>>>>>>

The following information must be completed and verified by the High School principal or applicant's counselor.

Date of graduation _____

Total number of students in the graduating class _____

Applicant's scholastic rank in the graduating class _____

Grade Point Average _____

I hereby verify the above-listed information and recommend the applicant,

_____, as a candidate for the AHEPA scholarship.

High School official & Title

Signature/applicant

APPLICATION DEADLINE: APRIL 6, 2010

Submit all information to:

Hammond AHEPA #123
Office of the Secretary
George Karras
911 Ridge Rd
Munster, IN 46321
(219) 836-5701