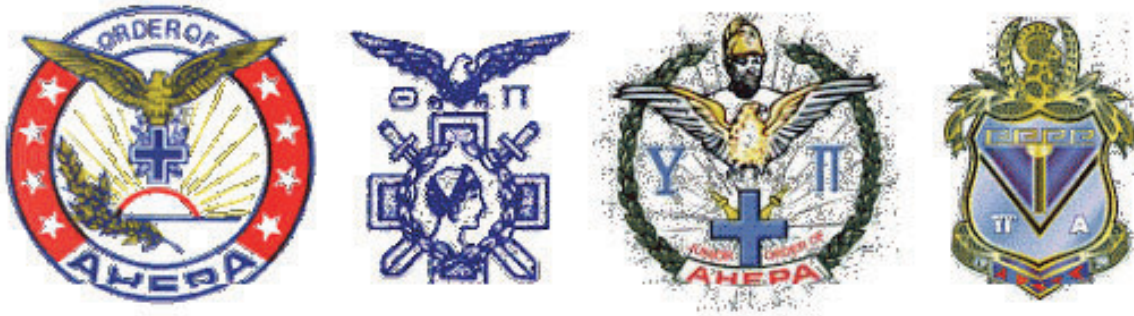


**AHEPA Family Firwood District No. 22**

# **The Northwest AHEPA Family Educational Foundation**



# **2024 SCHOLARSHIP APPLICATION PACKET**

The Northwest AHEPA Family Educational Foundation is a non-profit, IRS-approved organization interested in promoting and assisting the educational endeavors of AHEPA Family Students.

The Foundation awards scholarships to students based on academic performance, community involvement, and/or financial need.

Our contribution to the educational advancement of our recipients will provide us with tomorrow's community leaders who will continue to disseminate the Hellenic heritage and culture to future generations.

For information on eligibility and other requirements, see the last page of this application.

The fully completed **2024** application packet **MUST BE POSTMARKED BY March 31, 2024**, otherwise it will not be considered. **WARNING:** It is the responsibility of the applicant to make sure that the scholarship package has the postmark on it.

When completed, it should be mailed to: **NOTE: The below address cannot accept Certified Mail**  
**Do Not send Certified Mail - Only regular delivery through the U. S. Postal Service will be accepted**

NW AHEPA Family Educational Foundation  
 C/O of St. Nicholas Greek Orthodox Church  
 1523 S Yakima Ave.  
 Tacoma, WA. 98405

## CHECKLIST FOR APPLICATION PACKET

(All the items must be typed, except as noted.)

- This Application Form completed and signed by the Applicant.**
- Official current transcript from present school.**  
 For Applicants presently attending High School, this means the transcript for grades 9, 10, 11 and the first half of grade 12. For all others, this means an official transcript for all relevant work up to last completed quarter or semester. **E- Script Transcripts will not be accepted**
- Current Letter of Recommendation.**  
 Provided by the Applicant's principal, counselor, teacher, professor or employer. **Must include signature and date of author**
- Applicant's Current Personal Letter.**  
 A personal letter, either typed or hand- written, where the Applicant discusses his/her ideals, goals, and the significance of participation in school, civic, church, community, and AHEPA Family activities. If re-applying, one must provide a new personal letter. **Sign and date your personal letter.**
- Letter of Acceptance to college or university or technical or vocational school.**  
 For Applicants who will be attending a different institution next year, a photocopy of the letter of acceptance from the institution.
- Or check here if you will be attending the same institution.
- Completed and signed AHEPA Family Eligibility Verification Form.**  
 A blank form is provided at the end of this packet.  
 Check one:
  - Applicant is a Member in good standing in MOA or SOP in District 22 **(Include membership number and chapter number)**
  - Applicant is related to Endorsing Member (parents - legal guardian) who is in good standing in District 22. **(Include membership number and endorsing chapter number: Daughters of Penelope or AHEPAN).**
- Applicant's Photograph.**  
 Applicant's recent photograph, suitable for publication. Please try for a size 2" x 2", in color. Please write name of Applicant on back of photograph. Photographs will not be returned. We reserve the right to use your name and photo and any reproduced image, likeness/name for promotional purposes of the Northwest AHEPA Family Educational Foundation. To opt out, you must state so in writing and direct request to:  
 The Northwest AHEPA Family Educational Foundation  
 C/O St Nicholas Greek Orthodox Church - 1523 S. Yakima Ave., Tacoma WA. 98405

# SCHOLARSHIP APPLICATION FORM

## A. APPLICANT'S INFORMATION

1. Applicant's full name: \_\_\_\_\_
2. Student ID # or SSN: \_\_\_\_\_
3. Permanent Address: \_\_\_\_\_  
(city, state, zip) \_\_\_\_\_
4. Telephone at that address: \_\_\_\_\_ 5. Other Tel.: \_\_\_\_\_
6. Email address (optional): \_\_\_\_\_
7. Birthplace: \_\_\_\_\_ 8. Birth Date: \_\_\_\_\_
9. Is Applicant a U.S. citizen?  Yes  No

## B. APPLICANT'S FAMILY INFORMATION

1. Is father living?  Yes  No      2. Is mother living?  Yes  No
3. Name of living father, mother, or guardian: \_\_\_\_\_
4. Address of person in 3: \_\_\_\_\_  
(city, state, zip) \_\_\_\_\_
5. Telephone at that address: \_\_\_\_\_ 6. Other Tel.: \_\_\_\_\_
7. Father's occupation: \_\_\_\_\_ 7. Mother's occupation: \_\_\_\_\_
8. Names and ages of brothers and sisters:
  - a. \_\_\_\_\_ c. \_\_\_\_\_
  - b. \_\_\_\_\_ d. \_\_\_\_\_

## C. APPLICANT'S ACADEMIC STATUS

1. Name of High School: \_\_\_\_\_
2. Address of High School: \_\_\_\_\_  
(city, state, zip) \_\_\_\_\_
3. Year of graduation (past or expected): \_\_\_\_\_
4. When did you enter College, University or Technical School or expect to enter? \_\_\_\_\_
5. Are you a college graduate?  Yes  No  
If Yes, year of graduation: \_\_\_\_\_ Degree earned: \_\_\_\_\_
6. If you are presently enrolled in a College or University, what is your current status?  
 Freshman    Sophomore    Junior    Senior    Post-Graduate
7. Name of College attending (Fall): \_\_\_\_\_
8. Financial Aid Office Address: \_\_\_\_\_  
\_\_\_\_\_  
(city, state, zip) \_\_\_\_\_
9. Your cumulative Grade Point Average (and maximum) is: (enter only for the one attending:)
  - a. High School: \_\_\_\_\_
  - b. College: \_\_\_\_\_
  - c. Postgraduate: \_\_\_\_\_
10. What vocation or field of study do you expect to follow? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







**G. APPLICANT'S EMPLOYMENT**

Tell about your current and past employment, in chronological order: (Attach additional pages as needed)

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 \_\_\_\_\_ Hours work per week: \_\_\_\_\_  
 Dates of employment: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 \_\_\_\_\_ Hours work per week: \_\_\_\_\_  
 Dates of employment: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 \_\_\_\_\_ Hours work per week: \_\_\_\_\_  
 Dates of employment: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 \_\_\_\_\_ Hours work per week: \_\_\_\_\_  
 Dates of employment: (from) \_\_\_\_\_ (to) \_\_\_\_\_

**H. APPLICANT'S CERTIFICATION**

I hereby certify that all information on this form is true and complete to the best of my knowledge. I understand that, if requested by an official of the Educational Foundation, I agree to give proof of the information I have included in this form. I understand that failure to do so may result in my disqualification for financial aid.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

(You may separate this page from the rest of the application packet, as long as you submit it together along with your other application materials.)

**HAVE THIS FORM COMPLETED AND SIGNED BY:**

**THE PRESIDENT, VICE PRESIDENT, SECRETARY OR TREASURER OF THE ENDORSING CHAPTER OF AHEPA, DAUGHTERS OF PENELOPE, SONS OF PERICLES OR MAIDS OF ATHENA FROM WITHIN DISTRICT 22.**

**VERIFICATION OF ELIGIBILITY FORM**

By my signature below, I (name) \_\_\_\_\_ hereby certify that

I am (check one):     President             Vice President         Secretary             Treasurer

Of (check one):      AHEPA                 DOP                     SOP                     MOA

Chapter No: \_\_\_\_\_ Chapter located in (City, State) \_\_\_\_\_ within District 22.

I also certify that (Applicant’s Name) \_\_\_\_\_ is a member in good standing (membership dues paid) of the listed:

Chapter Name: MOA \_\_\_\_\_ SOP \_\_\_\_\_ (Membership # \_\_\_\_\_)

OR

his/her parent or legal guardian is. Name of parent or guardian \_\_\_\_\_

Membership # \_\_\_\_\_ check one:    AHEPAN     Daughters of Penelope

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

(Signature) \_\_\_\_\_

For those applying who are officers in the Maids of Athena or Sons of Pericles: please have another officer in your chapter sign off on the Eligibility Form.

Membership numbers are required on this page

For applicants that are “Members at Large” (not attached to a chapter)- The District 22 Governor of either the AHEPA or The Daughters of Penelope must sign this page:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_



Tear out this page. Do not mail it with the completed application packet.)

## **AHEPA FAMILY FIRWOOD DISTRICT NO. 22 EDUCATIONAL FOUNDATION**

### **General Information**

AHEPA Family Firwood District 22 has created its own Educational Foundation, a Washington State IRS-approved Non-Profit Organization, and does business as Northwest Educational Foundation. Each year, AHEPA Family District 22 elects new Board Members for a 3-year term. The Educational Foundation awards scholarships annually to members of the AHEPA Family, and to qualified members of their families. Qualified for scholarship are those individuals who are eligible and meet other qualifications.

#### **An eligible individual is someone who:**

1. Has been inducted either in AHEPA, or in the Daughters of Penelope, or in the Sons of Pericles, or in the Maids of Athena in any one of the Chapters of District 22, at least 12 months prior to the date of applying for a scholarship and must be in good standing with membership dues paid.
2. Is a child of, or under legal guardianship by an Endorsing Member, who is in good standing with membership dues paid as noted in paragraph (1) above.
3. As a "Member at Large" (qualified standing) will have to include District 22 Governor's (AHEPA or DOP) approval on the Verification and Eligibility Form.

#### **In addition, the Applicant must meet the following qualifications:**

1. Be presently enrolled in either High School as a senior, or in college, graduate or technical or vocational school;
2. Intend to attend an accredited college or university for an undergraduate or graduate program starting in the next school year, or vocational or technical school, for which the scholarship would apply;
3. Complete all requirements of the application process, as indicated on the application form.
4. The number of scholarship awards have a lifetime maximum for each applicant. Individuals are qualified to receive a maximum of two (2) funded undergraduate scholarships and one (1) funded graduate scholarship. All scholarships will only be awarded for the year they are applied for.

#### **The Applicants must submit this application packet and related documentation by **March 31st, 2024.****

The Educational Foundation will accept all submitted scholarship applications and keep them confidential. The scholarship applications are reviewed by volunteer independent educators. Applicants who best meet the award criteria will be considered for a scholarship.

#### **The Educational Foundation uses the following award criteria:**

- a. Academic achievement.
- b. School activities, Honors and Awards.
- c. District 22 AHEPA Family Participation, Greek Community and other Civic Activities in the Washington, Oregon area.
- d. Financial need for those who desire to be considered for additional scholarship funding and submit the required supplemental information for evaluation.

For all other questions, contact Chairperson Thomas Spathas 503-515-7203, [thomas@spathas.com](mailto:thomas@spathas.com)  
All Awards are presented at the Annual District 22 Convention during the 2024 Scholarship Recognition Luncheon which is held In June 2024 in Reno, NV. If awarded a scholarship, information will be sent regarding exact location, date and time of the awards ceremony.

**Recipients are strongly encouraged to attend the Award Ceremony.**