

AHEPA Family Firwood District No. 22

The Northwest AHEPA Family Educational Foundation



2025 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 in Firwood District #22 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.

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 AHEPA Family 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 fulfills one of the following criteria:

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 High School, or approved home-based instruction, 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, 2025.**

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

All Awards are presented at the Annual District 22 Convention during the 2025 Scholarship Recognition Luncheon which is held In June 2025. 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.

SCHOLARSHIP APPLICATION FORM

A. APPLICANT'S INFORMATION

1. Applicant's full name: _____
2. College Student ID # and/or SSN: _____
3. Permanent Address: _____
(city, state, zip): _____
4. Applicant Phone #: _____
5. Email address: _____
6. Birthplace: _____ 7. Birth Date: _____
8. Is Applicant a U.S. citizen? Yes No

B. APPLICANT'S FAMILY INFORMATION

1. Name of father, mother, and/or guardian: _____
2. Address of person #1: _____
(city, state, zip): _____
3. Telephone: _____
4. Father's occupation: _____ 5. Mother's occupation: _____
6. 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 GPA scale) is: (enter only for the one attending:.)
 - a. High School: _____ GPA Scale _____
 - b. College: _____ GPA Scale _____
 - c. Postgraduate: _____ GPA Scale _____
10. What vocation or field of study do you expect to follow? _____

G. ADDITIONAL FUNDING FOR APPLICANT’S FINANCIAL NEED

(This section is optional. It is to be filled only by an Applicant who wishes to be considered for Additional Scholarship Funding based on financial need.)

In order to be considered, an applicant must submit a copy of:

- ✓ The applicant’s Student Aid Report (SAR) for the current year from U.S. Department of Education. (This can be accomplished by filling out the U.S. Department of Education Free Application for Federal Student Aid (FAFSA). This may be done online at www.fafsa.ed.gov, or by calling 1-800-433-3243. When the FAFSA has been processed, you will receive your SAR by either e-mail or mail. Enclose a copy of the SAR with your completed scholarship application.)

Your request for additional financial need funding consideration will not be evaluated unless you submit a copy of your Student Aid Report.

List any other factors you wish the Educational Foundation to consider:

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: _____
(This must be handsigned)

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

Please note:

* 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:

Signed on this _____ day of _____, 20__

(Signature) _____ (This must be handsigned).

For information on eligibility and other requirements, see page 2 of this application.

The fully completed **2025** application packet **MUST BE POSTMARKED BY March 31, 2025**, 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, and all components are delivered by the deadline. **NO EXTENSIONS.**

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

CHECKLIST FOR APPLICATION PACKET

- 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. Please allow adequate time for transcripts to be delivered before the deadline of March 31, 2025.**
- Current Letter of Recommendation.**
 Provided by the Applicant's principal, counselor, teacher, professor or employer. **Must include original 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. **Must include original signature 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 hand 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", "half-tone". 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
 For all other questions, contact Chairperson Thomas Spathas 503-515-7203, thomas@spathas.com