



# ARIZONA HELLENIC FOUNDATION

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## SCHOLARSHIP APPLICATION YEAR 2024

### 1. SCHOLARSHIP PROGRAM

The **Arizona Hellenic Foundation** has a scholarship program which was established to promote, encourage, induce and advance education at the college and university undergraduate level for students of Hellenic descent with at least one parent or guardian residing in Central Arizona.

### 2. ELIGIBILITY

**In order to apply and be eligible for one of the scholarships, the applicants must demonstrate that:**

- 2.1. The applicant is of Greek descent with at least a grandparent being Greek, or an immediate member of the applicant's family is a member of good standing in the AHEPA Family.
- 2.2. A student is in the graduating class of his or her high school and planning to attend, **full time**, an accredited college or university during the current calendar year.
- 2.3. The applicant is attending an accredited college or university and will continue to attend as an undergraduate, full time student, during the following academic year.
- 2.4. The applicant must have a minimum non-weighted grade point average of 3.5.
- 2.5. The scholarship award will be paid directly to the student upon a showing that he/she will be attending a university or college for the next school year.
- 2.6. The scholarship will be distributed as a deserving gift, with no financial obligation imposed upon the recipient.
- 2.7. Any portion of the application proven to be untrue or incomplete could disqualify the applicant.

### 3. FILING

- 3.1. **This scholarship form is applicable for year 2024 only.**
- 3.2. Return completed application by **April 1, 2024** to:

**Arizona Hellenic Foundation  
P.O. Box 7508  
Chandler, AZ 85246-7508**

### 4. EVALUATION CRITERIA

- 4.1 **Grades:** Five (5) point per each tenth of a GPA point above 3.5 (non-weighted average).
  - 4.2 Ten (10) points for membership in the Sons of Pericles or Maids of Athena, or for a parent being a member of the AHEPA Family.
  - 4.3 Five (5) points for extracurricular activities (2023 - 2024) – 5 points per activity, 10 maximum.
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4.4 Five (5) points for Church/Community activities (2023- 2024) – 5 points per activity, 10 maximum.

4.5 Thirty (30) points maximum for an essay.

Applicants will be rated according to the total points that are accumulated. Grades will be on a non-weighted scale.

## 5. PERSONAL DATA

Legal Name:

\_\_\_\_\_  
Last/Family First Middle (Complete) Sex

Prefer to be called: \_\_\_\_\_ Nickname: \_\_\_\_\_

Former last name(s) if any: \_\_\_\_\_

Permanent Home Address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town County State Zip Code

If different then above, please give your mailing address for all correspondence.

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town County State Zip Code

Use until: \_\_\_\_\_

Permanent Home telephone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

Telephone at mailing address: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

Email address: \_\_\_\_\_

## 6. HELLENIC ELIGIBILITY

Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Citizenship (check as appropriate): \_\_\_\_ U.S. Citizen \_\_\_\_ U.S. Permanent Resident Visa

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\_\_\_\_\_ Other. Specify Country \_\_\_\_\_ Visa Type \_\_\_\_\_  
Hellenic Heritage? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain:

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Are you an active member of AHEPA Family? \_\_\_\_ Yes \_\_\_\_ No  
If yes check one: \_\_\_\_ AHEPA \_\_\_\_ DOP \_\_\_\_ MOA \_\_\_\_ SOP

Chapter affiliation: No. \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Membership Number: \_\_\_\_\_ Is either  
parent or spouse an active member of AHEPA Family? \_\_\_\_ Yes \_\_\_\_ No

If yes check one: \_\_\_\_ AHEPA \_\_\_\_ DOP \_\_\_\_ MOA \_\_\_\_ SOP

Chapter affiliation: No. \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Membership Number: \_\_\_\_\_

## 7. EDUCATIONAL DATA

Name of University or College you expect to attend full time: \_\_\_\_\_

Address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town County State Zip Code

Possible area(s) of academic concentrations/major \_\_\_\_\_ or undecided \_\_\_\_

Possible career or professional plans \_\_\_\_\_ or undecided \_\_\_\_

School you attend now: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

Address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town County State Zip Code

Date of secondary graduation (high school): \_\_\_\_\_

List secondary school(s), including summer schools and programs you have attended beginning with ninth grade:

Name of School	Location (City, State, Zip)	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

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List all colleges at which you have taken courses for credit:

Name of School	Location (City, State, Zip)	Dates Attended	Degree or Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please have official transcripts(s) included with the application package sent from each institution as soon as possible.**

If not currently attending school, please check here: \_\_\_\_\_. Describe in detail, on a separate sheet, your activities since last enrolled.

## **8. CHURCH/ COMMUNITY ACTIVITIES (2023 – 2024)**

Please list and describe all the Church and Community activities in which you participate that benefit your Church and Community. (Attach additional sheets if necessary.)

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## **9. EXTRACURRICULAR ACTIVITIES (2023 – 2024)** (including summer)

Please list and describe your extracurricular in the order of their interest to you, i.e. clubs, societies, sports, etc. (Attach additional sheets if necessary.)

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## **10. ESSAY**

Please submit an essay (**500 to 1500 words**) on the following subject:

Gnothi Seauton, or "know thyself" is an inscription found on the Temple of Apollo in ancient Greece. It has become a popular subject of thought and debate throughout history. What does this mean to you and your own Greek heritage?

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**I agree that all answers are correct.**

**I understand that the Arizona Hellenic Foundation reserves the right to publish the names of the scholarship recipients.**

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_