



# Arizona Hellenic Foundation

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## **SCHOLARSHIP APPLICATION FOR YEAR 2026**

### **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 showing that he/she will be attending a university or college for the next school year.
- 2.6 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 2026 only.
- 3.2 Return completed application and current transcripts by April 1, 2026 by email or mail:

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

azhellenic@gmail.com

**4. EVALUATION CRITERIA**

- 4.1 Five (5) points per each tenth of a GPA point above 3.5 (non-weighted average).
- 4.2 Five (5) points for extracurricular activities (2025-2026) – 5 points per activity, 10 maximum.
- 4.3 Five (5) points for Church/Community activities (2025-2026) - 5 points per activity, 10 maximum.
- 4.4 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
Preferred to be Called:_____ Nickname:_____ Former			
last name(s) if any:_____			

Permanent Home Address:

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City or Town	County	State	Zip Code
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If different than above, please give your mailing address for all correspondence.

\_\_\_\_\_

Number and Street

\_\_\_\_\_

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

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

\_\_\_\_ Other, Specify Country Visa Type \_\_\_\_\_ Hellenic Heritage?

\_\_\_\_ Yes \_\_\_\_ No. If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you an active member of the 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 on AHEPA Family?      Yes      No

If yes check one:      AHEPA DOP      MOA      SOP

## 7. EDUCATIONAL DATA

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

Address:

\_\_\_\_\_

Number and Street

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

Possible area(s) of academic concentration/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 High School graduation: \_\_\_\_\_

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

**Please have official transcript(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 (2025-2026)

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 (2025-2026)

(Including summer)

Please list and describe your extracurricular activities in order of 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:

“You will never do anything in this world without courage. It is the greatest quality of the mind next to honor” – Aristotle

Describe a time when this famous quote hit home in your life.

I agree that all answers are correct are correct.

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

Signature:

Date: