MICHAEL ZANAKOS MEMORIAL SCHOLARSHIP

Homer Chapter # 65, Order of AHEPA, Of Bethlehem, PA offers a $1,250 Scholarship and a $750.00 Scholarship. Eligible applicants include members of the Bethlehem AHEPA, and Members of the Bethlehem AHEPA auxiliary organizations (Daughters of Penelope, Sons of Pericles, and Maids of Athena), and sons and daughters of member. Below are Rules and Regulations governing the Scholarship. Applicants should contact one of the following for More information:

Michael Roumeliotis  Jacob Kazakia  Bill Kandianis
610-868-6282        610-838-5839        610-691-8234

RULES AND REGULATIONS

Applicants for a scholarship will be selected from high school graduates who are about to enter an accredited institution of higher learning or who are attending such an institution.

1. Scholarship shall be awarded primarily on the basis of Scholastic achievement. A minimum grade point average of 3.0 is required. Financial need shall not be considered unless all other qualifications are considered equal.

2. The applicant must produce evidence of scholarly achievement (i.e., most recent school transcripts and other supportive evidence, such as SAT scores) in order to receive scholarship consideration. College students need only supply college transcripts.

3. All applicants for a scholarship award shall be required to complete a Personal History form (Parts A & B). Provide Scholastic History, certified by their High School, College, University, or Institution (Part C) and submit an essay.

4. All applications for Scholarship grants must be filed with the Scholarship Committee By Tuesday, MAY 12, 2020

5. Incomplete applications will be rejected.

6. The award shall be distributed on the basis of a deserving gift, with no financial obligation on the part of the recipient.

7. The award shall be made payable to the applicant upon approval by the Scholarship Committee.

8. Return completed applications to Order of AHEPA, Homer Chapter No. 65, P.O. BOX 1575, Bethlehem, PA, 18016
PART A – Personal History
THIS PART TO BE COMPLETED BY THE APPLICANT
APPLICATION DEADLINE: May 12, 2020 (Tuesday)

Please print or type:

Name of Applicant ___________________________ Date of Birth ______

Address ________________________________ S.S. # ______________

___________________________________ Phone ________________

Name of High School/College__________________ Grade Point Avg.____

____________________________

School Address ___________________________ Class Rank ____________

Attending from __________ to ______________

Date Graduated or Will Graduate ___________________

(* High School Seniors Only)

*College You Plan to Enter ____________________________

*Date of Entry _________________________________

+Course of Study ________________________________
PART B – Personal History
THIS PART TO BE COMPLETED BY APPLICANT
APPLICATION DEADLINE: May 12, 2020 (Tuesday)
Please print or type

List Honors Achieved ____________________________________________
________________________________________________________________
________________________________________________________________

Extra-curricular Activities __________________________________________
________________________________________________________________

Interscholastic Sports Activities _____________________________________
________________________________________________________________

Three References

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INCLUDE AN ESSAY EXPLAINING WHY YOU SHOULD BE GRANTED AN AHEPA SCHOLARSHIP WITH YOUR COMPLETED APPLICATION.

I agree that the information contained herein may be investigated by the SCHOLARSHIP COMMITTEE. I understand that all parts of this application (A,B,C) must be completed and returned along with an essay and school transcripts in order for this Application to be considered.

DATE ___________ SIGNATURE OF APPLICANT ____________________________
PART C – Scholastic History
THIS PART TO BE COMPLETED BY THE SCHOOL AUTHORITIES
APPLICATION DEADLINE: MAY 12, 2020 (Tuesday)

Please print or type:

Name of Applicant ________________________________

Address __________________________________________

Name of High School/College: ________________________________

_________________________________________________ Grade Point Avg. ______

School Address __________________________________ Class Rank __________

________________________________________________

Date Graduated or Will Graduate ________________________

Signature ___________________________ Title ________________

Date __________

PLEASE ENCLOSE A CERTIFIED TRANSCRIPT OF THE APPLICANT’S RECORD AT YOUR INSTITUTION.

Comments: (Use additional sheet if necessary)