



**ORDER OF AHEPA  
BUCKEYE DISTRICT 11  
SCHOLARSHIP FOUNDATION**

**INSTRUCTIONS FOR FILLING APPLICATIONS FOR SCHOLARSHIP AWARDS**

1. AHEPA Buckeye Scholarship awards are given only to students ***entering college or in undergraduate school***, who are active members of the AHEPA, Daughters of Penelope, Sons of Pericles, Maids of Athena, or whose parent(s) have been active members of the Senior Orders for 3 consecutive years (2 years plus current year). Awardees are selected according to scholastic achievement and financial need. This application also qualifies for the Sam Nakos AHEPA Educational Foundation Scholarship, when available, and the Jeanette Corson Nursing Award for nursing students.
- 2 All information requested must be provided and all forms requiring signatures must be signed.
- 3 Copies of the following must accompany each application:

**HIGH SCHOOL APPLICANTS:**

- a. Most recent high school transcript. Results of the ACT, PSAT and/or SAT.
- b. Letter of acceptance from accredited college university.
- c. Verification of eligibility (Page 7).
- d. Required letter(s) of recommendation from the school counselor, principal or other appropriate school official (Page 8).

**COLLEGE STUDENT APPLICANTS:**

- a. An official transcript (college seal or signed by a college or university official) of grades including cumulative grade point average up to the date of application. Grades for the semester or term in which the application is being submitted are not expected due to the early deadline.
  - b. Verification of eligibility (Page 7).
- 4 All forms and information submitted are confidential and non-returnable.
  - 5 All requested material must be submitted prior to the application deadline.
  - 6 All completed applications and accompanying materials for high school seniors are to be mailed directly from the applicant's high school. Submission of applications and accompanying material for college students shall be responsibility of the student.
  - 7 **Incomplete applications will not be considered - be sure all requested information is supplied. If it is not, application will be returned.**
  - 8 Applications and related material must be postmarked not later than April 15 and should be mailed to

**AHEPA Buckeye Scholarship Foundation  
25590 W. County Line Road  
Sunman, IN 47041**

**REVISED: READ THOROUGHLY AND PLEASE FOLLOW ALL INSTRUCTIONS**

## RULES GOVERNING SELECTION OF AWARDEES

1. Applicant must be a paid active member of an **active** Sons of Pericles or Maids of Athena chapter; or have parent(s) who is/are **active** member(s) of the senior order and whose dues are paid through the current year plus the last two (2) consecutive years.
2. The following criteria will be considered in awarding scholarships:
  - a. Scholastic ability Grade Point Average (GPA)
  - b. Financial need
  - c. Extra Curricular activities
  - d. Honors and awards
  - e. Deceased or unemployed parents/guardians
  - f. Other siblings in college
  - g. Membership in AHEPA, Daughters of Penelope, Sons of Pericles or Maids of Athena
2. Applicant must be an entering college freshman or enrolled in undergraduate work
3. Applicant must have been accepted for admission to an accredited college or university for the current year
4. Scholarships for the current year will be made payable to the accredited college or university in which the recipient is enrolled.
5. If the recipient does not enroll or does not complete the first semester or quarter of the current year, the scholarship award must be refunded to the AHEPA Buckeye Scholarship Foundation.



**III. FINANCIAL DATA:**

Proposed occupation or profession \_\_\_\_\_

University to be attended \_\_\_\_\_

Estimated budget for the coming year:

Applicant's Estimated Budget (September to June)

	<u>Income</u>		<u>Expenses</u>
(a) From Parents	\$ _____	Tuition	\$ _____
(b) From Student's Savings	\$ _____	Room and Board	\$ _____
(c) Student's Summer Earnings	\$ _____	Books, Lab, etc.	\$ _____
(d) Scholarships or Grants	\$ _____	Laundry, Clothing, Travel, etc.	\$ _____
(e) All Other Sources	\$ _____	Other	\$ _____
	Total \$ _____		Total \$ _____

Will you be receiving financial aid from the school you will enter this year? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate amounts and

type \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you received any other scholarships this year? \_\_\_\_ Yes \_\_\_\_ No

If so, explain amounts and sources \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How do you plan to meet the expenses needed to complete your education?

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

**COMBINED FAMILY INCOME LEVEL**

(Please indicate adjusted gross income as shown on Form 1040, Line 3 1)

- \_\_\_\_\_ \$ Below 50,000 (Note: if financial need is claimed, a current Form 1040 must be submitted with the application.)
- \_\_\_\_\_ \$50,000 -- \$75,000
- \_\_\_\_\_ \$75,000 - \$100,000
- \_\_\_\_\_ Over \$100,000

\_\_\_\_\_  
Signature of Parent/Guardian

**IV. EDUCATIONAL EXPERIENCES:**

1. Name of School or University	Address	Years of Attendance	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Grade Point Average \_\_\_\_\_ Class Rank \_\_\_\_\_ in class of \_\_\_\_\_

3. School Activities:

School and Extracurricular Organizations/ Activities including any office held

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List any honors or awards of the applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I hereby apply for financial assistance in the form of a Scholarship, to assist me to attend a University of my own choice during the academic year \_\_\_\_\_ to \_\_\_\_\_. The forgoing statements are true to the best of my knowledge and belief.

Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_

I, \_\_\_\_\_ (Father, Mother, or Guardian)(circle which) of the applicant, hereby declare that I have read the foregoing statements, to the best of my knowledge and belief; they are correct and I hereby give my approval to this application.

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

In the event that I am selected for an AHEPA Scholarship, please send my award to

\_\_\_\_\_  
Name of University

\_\_\_\_\_  
University Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's S.S. Number \_\_\_\_\_

**AHEPA BUCKEYE SCHOLARSHIP FOUNDATION**

**VERIFICATION ELIGIBILITY**

The application section of this form must be completed and signed by an appropriate chapter officer, and filed with the application (Form A-83) and other related material.

Date \_\_\_\_\_

**Section A**  
**For child of AHEPAN or Daughter of Penelope**

I verify that:  
 Applicant \_\_\_\_\_ is the child of  
 (Parent) \_\_\_\_\_ ID # \_\_\_\_\_ who has been a member in good  
 standing of the \_\_\_\_\_ Chapter for 2 consecutive years plus the current year.

Order of AHEPA  
 Daughters of Penelope

Located in \_\_\_\_\_

Signed \_\_\_\_\_ Chapter No. \_\_\_\_\_  
 President, Secretary, or Treasurer (Please circle your title)

**OR**

**Section B**  
**For members of AHEPA, Daughters of Penelope, Sons of Pericles or Maids of Athena**

I verify that:  
 Applicant \_\_\_\_\_ ID # \_\_\_\_\_ is a paid up member  
 in good standing of the \_\_\_\_\_ Chapter, Located in \_\_\_\_\_.

Sons of Pericles  
 Maids of Athena  
 AHEPA  
 Daughters of Penelope

Signed \_\_\_\_\_ Chapter No. \_\_\_\_\_  
 President Secretary or Treasure (Please circle your title)

**AHEPA BUCKEYE SCHOLARSHIP FOUNDATION**

**LETTER OF RECOMMENDATION**

Each high school application is to be accompanied by a letter of recommendation from the school counselor, principal, or other appropriate school official. Any information substantiating the applicant's scholastic achievement, potential, leadership abilities and financial need for this scholarship would be greatly appreciated.

Name of Applicant

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Name of person furnishing recommendation

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Position