



WASHINGTON METROPOLITAN AREA
54th SCHOLARSHIP AWARDS
2024 PROGRAM



Applications must be postmarked no later than March 29, 2024 for consideration.
Please type your information; attach additional sheets/documents as needed.

Part I: Personal Information

(Please include your name as you want it to appear on the award plaque)

1. Name: _____
(Last) (First) (M.I.)

Address: _____
_____ (Zip) _____

2. Telephone: (____) _____ 3. Email: _____

3. Name(s) of Parent(s) / Guardian(s) (check one): Parent(s) Guardian(s)

(Last) (First) (M.I.)

(Last) (First) (M.I.)

4. Address of Parent(s)/Guardian(s), if different from yours, to whom mail should be sent:

5. Name of High School: _____

6. High School Address: _____
_____ (Zip) _____

7. Memberships and Affiliations:
I am a member of the: (check one) Sons of Pericles Maids of Athena

(Chapter No. and Name)

My parents/guardians are **currently** affiliated with the:
(Check one or both) Order of AHEPA Daughters of Penelope

(Chapter No.) (Family Member's Name and Relationship to You)

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I am affiliated with the following Greek Orthodox Church:
(Name) _____
(Address) _____

Part II: Academic Information

Provide the information in the following section from your transcript. Attach official and other forms as instructed on page 4.

8. Cumulative Grade Point Average: *unweighted* _____ *and* *weighted*: _____
Please enter your GPA at the time of this application. A minimum GPA of 3.0 is required.

9. SAT Scores: Math: _____ Verbal: _____ Writing: _____

or ACT Composite Score: _____ Math: _____ English/Writing: _____

SAT II Subject Tests: Subject 1 _____ Score: _____ Subject 2 _____ Score: _____

10. From your current transcript list all advanced placement and post AP courses taken to date:

Class Grade	Course Title	AP, IB, Post AP, IB

11. From your current transcript list all advanced placement examinations taken to date:

Class Grade	AP or IB Exam	AP or IB Score

12. List by grade all awards and honors received for academic achievement:

Class Grade	Award Description	Indicate: school, regional, state, national, international award

13. Knowledge of Greek language:

Provide documentation* - Certificates in the Greek Language shall be accompanied/prefaced with a syllabus in English. Actual Knowledge: **Good** **Fair** **Poor**

Name of Greek School attended in the U.S.: _____

Graduation Date (include official copy of diploma): _____

Greek Language Certification Exams (include notarized copies), e.g. Levels A1, A2, B1, B2, Γ1, Γ2

Year Exam Taken	Name of Language Certification Exam	Exam Score

14. Knowledge of other Languages:

Specify level of knowledge (read, write, and/or speak) and attach verifying documentation as applicable.

Part III: Extracurricular Activity Information*

**Attach a separate sheet if necessary*

15. Fine Arts and/or Clubs

Year	Activity	Awards and Recognition (if applicable)
9th Grade		
10th Grade		
11th Grade		
12th Grade		

16. Community Service

Year	Activity	Awards and Recognition (if applicable)
9th Grade		
10th Grade		
11th Grade		
12th Grade		

Part IV: Athletic Information*

**Attach a separate sheet if necessary*

17. Varsity Interscholastic Sports only (include school, city, county, and state teams)*

Year	Sport	Awards and Recognition (if applicable)
9th Grade		

10th Grade		
11th Grade		
12th Grade		

Part V: Statement of Accomplishment(s)/Future Plans*

**Attach a separate sheet if necessary*

18. **Statement of Accomplishments:** On a separate sheet, please compose a concise 100-word statement of your most significant accomplishment(s) during your high school years. The statement should be unique and reflect individual accomplishment (s) not covered elsewhere in the application.
19. **Future Plans:** After graduation from high school, I plan to: (Include applied to college(s) and/or acceptance letter(s) if available.)

Part VI: Signatures

Items 20-22 MUST be signed prior to submission of application.

20. Community Signatures (Two Required)

- 1.) Priest (Attests to Parent or Guardian being a current Steward of the Church)

Print name Signature Phone No.

- And 2.) AHEPAN/DOP is currently in good standing or Award Committee Chairperson (Circle one as appropriate).**

Print name Signature Phone No.

21. School Principal, Counselor, or Athletic Director (circle as appropriate):

Print name Signature Phone No.

22. I hereby certify that the information in this application is true, correct and that I meet the eligibility criteria.

Student's Signature: _____ Date: _____

Send: Original plus 4 copies of the completed application; 1 copy of official high school transcripts in a sealed and unopened envelope addressed directly to the AHEPA Awards Committee; and official copies of the following documents: ACT, SAT scores, AP/IB scores, Greek school diploma and Greek/Other Language certificates to: *Washington Metropolitan Area AHEPA Awards Committee*

*c/o Karen Polizos
903 Holly Creek Drive
Great Falls, VA 22066*

For Information Please E-Mail or Call:

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