

**2024 AHEPA SCHOLARSHIP APPLICATION  
SOCRATES CHAPTER NO. 6**

**(Application is due to be submitted not later than June 1, 2024)**

Date \_\_\_\_\_, 20\_\_\_\_

Gentlemen:

I, \_\_\_\_\_, whose home address is  
\_\_\_\_\_, Florida, hereby make  
(Street Address) (City)

Application for assistance from the Scholarship Fund of the Socrates Chapter No. 6,  
Order of AHEPA, for the purpose of assisting in meeting my expenses in attending the

\_\_\_\_\_ Department of the  
(Arts and Sciences, Engineering, etc.)

\_\_\_\_\_, located at \_\_\_\_\_,  
(College or University) (City)

\_\_\_\_\_, for the college term of 20\_\_\_\_ to 20\_\_\_\_, to which I  
(State)

have been accepted and which commences in the month of \_\_\_\_\_ 20\_\_\_\_,  
and ends in the month of \_\_\_\_\_ 20\_\_\_\_.

During the academic year for which I am making application, I will be classified as a:

Freshman\_\_\_\_\_ Sophomore\_\_\_\_\_ Junior\_\_\_\_\_ Senior\_\_\_\_\_ Graduate\_\_\_\_\_

Please indicate the number of supplementary pages attached: \_\_\_\_\_  
(See number 1.c. under **Instructions For Filing An Application**)

## Student's Statement

1. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

2. Give the names and addresses of your parents, wife or other nearest living relative or guardian \_\_\_\_\_

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

3. List the names and ages of brothers and/or sisters \_\_\_\_\_

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

4. State the extent that your parents or others are assisting you in obtaining a college education \_\_\_\_\_

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

5. Are you working at the present time? \_\_\_\_\_

a. If not, why not? \_\_\_\_\_  
\_\_\_\_\_

b. If so, state the name of your employer and type of job duties \_\_\_\_\_

\_\_\_\_\_

6. List any other means of support \_\_\_\_\_
7. From what High School did you graduate or are you graduating? \_\_\_\_\_  
\_\_\_\_\_
8. What was your High School scholastic average and class standing? GPA \_\_\_\_\_  
SAT Score \_\_\_\_\_ Class Standing \_\_\_\_\_ of \_\_\_\_\_ as of \_\_\_\_\_
9. List all prior Colleges or Universities attended, dates, and final GPA \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are you married? \_\_\_\_\_ List dependents and their relationship: \_\_\_\_\_  
\_\_\_\_\_
11. If married, is your spouse working? \_\_\_\_\_ Employer and position \_\_\_\_\_  
\_\_\_\_\_
12. Are you applying for, or have you received aid from any other fund? \_\_\_\_\_  
If so, specify source and amount of award \_\_\_\_\_
13. Is it impossible for you to otherwise obtain the financial assistance necessary to  
secure a college education? \_\_\_\_\_ If **YES**, please fill out Exhibit A and attach.
14. Are you in good physical and mental condition at this time? \_\_\_\_\_
15. State the total amount of money you will require to attend college this year \_\_\_\_\_

16. State the amount you desire from the Scholarship Fund \$ \_\_\_\_\_

17. How do you expect to meet the balance of your expenses for the academic year?

\_\_\_\_\_

18. Are you in debt now? \_\_\_\_\_ Amount? \$ \_\_\_\_\_

19. Are you willing to comply with all rules, regulations and requirements of the Scholarship Fund, Socrates Chapter No. 6 Order of AHEPA, and to consider supporting the Fund when you are financially able, in order to assist other individuals in the same manner as yourself?

\_\_\_\_\_  
(YES or NO)

20. How did you learn of this program? \_\_\_\_\_

\_\_\_\_\_

21. If all goes as planned, when will you graduate? \_\_\_\_\_

22. Occupation of Father \_\_\_\_\_

Occupation of Mother \_\_\_\_\_

23. Church membership \_\_\_\_\_

Remarks

**ANY ADDITIONAL INFORMATION WILL NOT BE CONSIDERED**

I hereby submit the following references to verify the correctness of the answers to the above questions and to attest to my reputation, qualifications, and worthiness to receive assistance from the Socrates Chapter No. 6, Order of AHEPA Scholarship Fund. I authorize these individuals to release information, both orally and in written form, as requested by the Scholarship Committee, and agree to hold harmless each individual named below, as well as any and all members of the Scholarship Committee, in exchange for consideration of my application for a scholarship award.

I agree to the above statement and hereby certify that all answers to questions on this application are correct and a true representation of my personal information and qualifications.

Signature \_\_\_\_\_

College Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

College Phone \_\_\_\_\_ Permanent Phone \_\_\_\_\_

**References**

	<u>NAME</u>	<u>ADDRESS</u>
1.	_____ (Principal or Dean of last school attended)	_____
2.	_____ (Teacher at last school attended)	_____
3.	_____	_____
4.	_____	_____

5. \_\_\_\_\_