

**2025 AHEPA SCHOLARSHIP APPLICATION
SOCRATES CHAPTER NO. 6**

(Application is due to be submitted not later than June 1. 2025)

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.	_____	_____