

## **2025 Affidavit of Minimum Required Grade Point Average**

(Only Required In Lieu of Applicant's Official Grade Transcript)

I do hereby attest that \_\_\_\_\_ (Student Name – Printed/Typed)  
is currently enrolled at \_\_\_\_\_ (Institution Name – Printed/Typed)  
and is a full-time student in good academic standing, based on the standards of this academic institution,  
who has a cumulative grade point average of 3.0 or higher.

I further attest that I am a duly authorized employee of this academic institution's Registrar's Office and  
have personally verified said grade point average and understand that this information is being provided to  
the Order of AHEPA's Scholarship Foundation in order to substantiate the above stated student's  
qualification for a monetary scholarship award.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

**Official Registrar's Seal or Stamp Required**