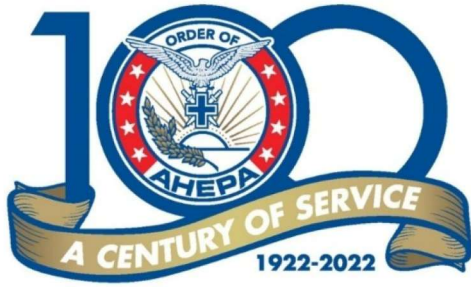


ORDER OF AHEPA



JOHN G. THEVOS
5th DISTRICT

ANNUAL SCHOLARSHIP PROGRAM

2026 APPLICATION FORM

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Sponsor (Parent or Guardian) Name in full _____

Sponsor's organization (AHEPA or DAUGHTERS of PENELOPE) or Applicant's organization (SONS of PERICLES or MAIDS of ATHENA), chapter number, and date of affiliation

AWARDED BY THE AHEPA CHAPTERS OF
NEW JERSEY and DELAWARE

Administered by the 5th District Projects Committee

AHEPA FIFTH DISTRICT SCHOLARSHIP FUND

SCHOLARSHIPS

THE ORDER OF AHEPA, JOHN G. THEVOS 5th DISTRICT SCHOLARSHIP COMMITTEE, IS INVITING YOU TO PARTICIPATE IN ITS SCHOLARSHIP PROGRAM. IF YOU ARE GRADUATING FROM HIGH SCHOOL THIS YEAR AND HAVE BEEN ACCEPTED AND/OR APPLIED TO A SCHOOL OF HIGHER LEARNING, YOU ARE INVITED TO APPLY FOR AN AHEPA 5th DISTRICT SCHOLARSHIP GRANT. THE AHEPA 5th DISTRICT SCHOLARSHIP COMMITTEE HAS BEEN ESTABLISHED FOR THE PERPETUATION OF STUDY AND ADVANCEMENT OF HELLENIC YOUTHS. THE AHEPA HAS BEEN AWARDING SCHOLARSHIP GRANTS TO ELIGIBLE HIGH SCHOOL GRADUATES FOR THE PAST 40 YEARS IN NEW JERSEY AND DELAWARE.

ELIGIBILITY and QUALIFICATIONS

1. Applicants for the scholarship grants and scholastic awards will be considered on the basis of scholastic achievement and participation in school and/or community activities.
2. Only the members of the AHEPA family shall be eligible for the John G. Thevos Fifth District Scholarships. The term "AHEPA family members" is to include and be limited to all AHEPANS, DAUGHTERS OF PENELOPE, SONS OF PERICLES, MAIDS OF ATHENA, and their children who reside within the John G. Thevos Fifth District. However, any member who has moved from this area, but has maintained his/her membership in his local Chapter in the Fifth District, then his/her children would be eligible for consideration regardless of their residency.
3. Sons and daughters of deceased AHEPA family members of the John G. Thevos Fifth District, who were in good standing at the time of their death are eligible and may submit an application through the Chapter to which either parent belonged.
4. Applicants and/or their sponsors must presently be members in good standing of their respective chapters of the Fifth District for at least three (3) consecutive years. This same rule would apply in paragraphs 1, 2 and 3.
5. Only Chapters who have paid in full their per capita tax to National Headquarters through December 31st of the preceding year and paid their obligation to the District Scholarship Program (\$4.00 per member) by April 30th of the current year are eligible to submit candidates.
6. All applicants for the grants shall apply through the Chapter of their sponsor and receive the Chapter's endorsement. All applicants must be accepted by an accredited college or university of their choice in order to qualify for the grant.
7. The eligibility of applicants for the grants and scholastic awards shall be restricted to high school students of the Fifth District about to enter college who are in the upper one-third of their class.

PLEASE NOTE that two (2) letters of personal reference from faculty members of the school last attended, as well as official sealed transcripts, class rank and the applicant's S.A.T. and/or A.C.T. report(s) must be sent to the AHEPA Scholarship Committee directly from applicant's high school.

All applications must be endorsed by the respective Chapter President and Secretary and be filed with the Scholarship Committee by April 30th of each year to the following address:

AHEPA 5th District Scholarship Committee
c/o Vassos Chrysanthou, PDG
34 Courtney Ct.
Freehold, NJ 07728

The application package must be mailed by any delivery service that can ascertain proof of delivery (e.g. certified mail / return receipt requested, or FedEx) for receipt at destination no later than April 30th. (E-mailed and FAXed applications are NOT acceptable.) FOR ANY QUESTIONS, PLEASE CALL MR. CHRYSANTHOU AT 732-905-1300, x200, OR E-MAIL HIM AT VASSOS@PRODIGY.NET.

PLEASE INCLUDE THE FOLLOWING INFORMATION

1. List affiliations, activities, and honors with respect to the Community (e.g. Sunday School, Greek Language School, Acolyte, GOYA) and in your Local Community:

2. State names and schools attended with dates of attendance for each, from grades 9 – 12: _____

3. List the college(s)/university(ies) to which you have applied for admission: _____

4. List the college(s)/university(ies) from which you have received a letter of acceptance: _____

5. List scholastic honors and awards received in high school: _____

6. State your purpose in attending college or university: _____

In addition to the District Scholarship, you are also encouraged to apply for the National AHEPA Educational Foundation (AEF) Scholarship. The application form can be downloaded from the AEF page at this URL: <https://ahepa.org/education/>.

APPLICANT'S CERTIFICATION

ATTACH PHOTO HERE

Must be NO BIGGER than

Passport Size 2" x 2"

***** MANDATORY *****

I CERTIFY that all statements and information furnished in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that statements and information furnished on this form are subject to verification by the AHEPA organization's Scholarship Committee, which also reserves the right to call me for a personal interview. I further understand that intentional misstatements or falsification may result in my disqualification for an AHEPA scholarship. Finally, I agree to allow AHEPA to use the attached photograph of myself for publicity purposes in the event I am approved for a scholarship grant.

Printed name of Applicant

Signature of Applicant

Date

ENDORSEMENT OF LOCAL CHAPTER

I hereby declare that the _____ Chapter No. _____
of the Order of AHEPA, duly endorsed the within applicant at a regular meeting held on
the _____ day of _____, _____.
Date Month Current Year

Signature of Chapter President

Signature of Chapter Secretary

REPORT OF EDUCATORS AWARD COMMITTEE
