



7TH ANNUAL AHEPA
JOURNEY TO GREECE 2012

UNIVERSITY of
INDIANAPOLIS.
ATHENS CAMPUS

Application Form

I hereby apply for participation in the AHEPA Journey to Greece 2012.

(Please print or type)

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Primary Email _____

Cell Phone _____ Alternate Email _____

Date of Birth _____ Place of Birth _____

I am a student at _____ Year in School: _____

CHECK WHICH APPROPRIATE SESSION:

_____ Session #1: June 22nd – July 6th _____ Session #2: June 29th – August 1st

_____ Sessions 1&2 June 22nd – August 1st

Ability to speak Greek (please circle one): None Fair Good Fluent

CHECK ANY OF THE FOLLOWING (if applicable):

_____ I am a member in good standing of the Sons of Pericles or Maids of Athena located in _____.

_____ My father and/or mother - (circle one or both, if applicable) - is a member in good standing of _____ AHEPA or _____ Daughters of Penelope Chapter No. _____ Located in _____.

_____ Returning member of the JTG. _____ Brother or sister of former member of JTG.

_____ Relative or friend attended JTG: _____

Requirements for all Applications:

1. University Students **must have** a 3.0 GPA / High School Students **must have** a 3.25 GPA
2. Transcripts of most recently completed school semester. **(All Students must provide)**
3. Letter of recommendation from academic advisor.
4. An essay giving your reasons for applying for this program. **(500 words maximum)**
5. A recent passport size photograph. **(All students must provide)**
6. Deposit payment of \$500.00 for each session. **(Must accompany application)**
7. Students must be admitted to a university or classified as seniors in high school.
8. Seniors in high school must be 17 years old and have a letter from their Principal/Counselor that, states they are able to handle college level course work.
9. Copy of their Birth Certificate and front page of their passports must be sent to AHEPA

Date _____ Student's Signature _____

Parents Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Primary Email _____

Cell Phone _____ Alternate Email _____

Date _____ Signed: _____

Parent or Legal Guardian

Application deposit of **\$500.00** is to accompany the application form.

Make checks payable to: AHEPA Educational Foundation.

CREDIT CARDS (Visa, MC, AMEX, DISC)

Number: _____

Expiration Date: ____ / CVV Code: _____ Name on the Card: _____

Mail with payment on or before Deadline to:

AHEPA/Journey to Greece 2012

1909 Q. Street, NW, Suite 500

Washington, DC, 20009

Tel: (202) 232-6300, Fax: (202) 232-2140

e-mail: ahempa@ahempa.org

For Additional Information:

James F. Dimitriou, PSP

JTG Program Director

email: jfdplato@aol.com,

Tel: (310) 375-5544

Please note:

1. Students should apply for their passports early, to avoid complications!
2. All students must have evidence of travel insurance (health, baggage, etc.)
3. Students must apply for their passports in Spring to avoid problems!
4. Copy of their Birth Certificate and front page of their passports must be sent to AHEPA.
5. Students should have an ATM card by time of departure for foreign exchange during travel.
6. Each course descriptions and syllabus will be posted at www.ahempa.org/journey.
7. More exciting updates and bulletins will follow for all accepted to the program.
8. UINDY will provide Transcript Request Forms to transfer credits to your universities.

DEADLINE: April 30, 2012