



Order Of AHEPA

AMERICAN HELLENIC EDUCATIONAL PROGRESSIVE ASSOCIATION

SCHOLAR - ATHLETE Scholarship Application

NAME:

BIRTH DATE - BIRTH PLACE - Current street ADDRESS - city/state/zip PHONE		Space reserved for Head shot or Full body picture	Space reserved for an action picture
Parents Name			
HIGH SCHOOL Name city/state/zip			
COLLEGE Name YEARS ATTENDED YEAR this September			

RECOMMENDED BY: _____

Applicant's current year GPA		
Applicant's cumulative GPA		please provide your most current transcript
SAT Score		please provide 2 letters of recommendation
ACT Score		

List only your TOP 4 ATHLETIC Awards or Achievements.	List only your TOP 4 SCHOLASTIC Awards or Achievements.
1	1
2	2
3	3
4	4

Please use the rest of this page to include anything else you may want the committee to know
 Use a separate page if necessary