



Department of Athletics, Chris Atsaves, Supreme Athletic Director  
Order of AHEPA, 1909 Q Street, N.W., Suite 500, Washington, D.C. 20009, 202-232-6300

## ***2020 Nomination Form for AHEPA Scholar-Athlete SCHOLARSHIP***

- (1) Complete the **SCHOLAR-ATHLETE** Application (*available on the AHEPA website*)
- (2) Submit: (a) *GPA Transcript*; (b) *SAT/ACT Results*; (c) *2 Letters of Recommendation*; (d) *2 Recent Photos (Head Shot and Action Shot)*

***The Committee will determine the appropriate scholarship from an applicant's credentials and qualifications, if selected. Therefore, it is not necessary to apply for a specifically named scholarship. Please submit this page along with the forms and the required information as noted above.***

Presentations of scholarships to selected students will be made at the Annual AHEPA Supreme Convention Athletic Awards Luncheon. The availability of the candidate to attend the Awards Luncheon is not a condition of selection but may be a consideration. All recipients will be provided a travel stipend and reimbursed for 2 nights stay at the Supreme Convention.

The 2020 Convention will be in Orlando, FL, and the Awards Luncheon is tentatively scheduled for Wednesday, July 22, 2020, at 12:00 noon. Selected Scholar-Athletes will be notified on or about April 1, 2020 and provided further details.

**Mail to: Gregory J. Stamos, Scholarship Committee Chairman  
P.O. Box 166, Ansonia, CT 06401, Phone: (203)735-9293**

Any questions, please email to [stamosatty@sbcglobal.net](mailto:stamosatty@sbcglobal.net)

### **NOMINATION BY AN AHEPAN FOR A SCHOLARSHIP**

I Hereby Nominate: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_ Their Contact Information: \_\_\_\_\_

Nominating Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am a Member of the AHEPA Family Chapter # \_\_\_\_\_ Location: \_\_\_\_\_

I hereby nominate the above student and certify that I have contacted such student and that he or she is aware of and consents to such nomination.

Signature of Nominating Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Deadline for application, including all required documents is March 15, 2020.**



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## Scholar – Athlete Scholarship Application

Name of Applicant: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

High School or College Name: \_\_\_\_\_

High School or College Address: \_\_\_\_\_

Social Security number: \_\_\_\_\_ (mandatory)

Applicant's Unweighted GPA (most recent, maximum 4.0 scale) \_\_\_\_\_

Applicant's Cumulative GPA \_\_\_\_\_

SAT Score \_\_\_\_\_ / ACT Score \_\_\_\_\_

**\*\*\*\*\* (Please provide most recent Transcript & 2 letters of recommendation) \*\*\*\*\***

**A nominated student must have a connection/nexus with the Order of AHEPA.**

My connection with AHEPA: **(Please check one or more)**

- |  |   |
|--|---|
| <input type="checkbox"/> I am an AHEPAN/DAUGHTER     | <input type="checkbox"/> My Grandmother is a DAUGHTER |
| <input type="checkbox"/> My father is an AHEPAN      | <input type="checkbox"/> I am a SON OF PERICLES       |
| <input type="checkbox"/> My mother is a DAUGHTER     | <input type="checkbox"/> I am a MAID OF ATHENA        |
| <input type="checkbox"/> My Grandfather is an AHEPAN |   |

Please supply the name of above relative or member and Chapter# \_\_\_\_\_

Member/Relative ID Number (mandatory) \_\_\_\_\_ Membership dues paid thru: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(Member/Relative must be current year paid up on membership dues and in good standing w/ the AHEPA)**



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ATTACH PHOTO

(Space Reserved for Applicant's Head shot)

ATTACH PHOTO

(Space reserved for Applicant's Action Shot)

**List your Top 4 Athletic Awards or Achievements and/or your top 4 Academic and/or Community Service Awards or Achievements:**

**Academic/Community Service Awards/Achievements:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Athletic Awards/Achievements:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Mail to: Gregory J. Stamos, Scholarship Committee Chairman**  
**P.O. Box 166**  
**Ansonia, CT 06401**  
**Phone: (203)735-9293**

**Any questions, please email: [stamosatty@sbcglobal.net](mailto:stamosatty@sbcglobal.net)**