



# 18<sup>TH</sup> ANNUAL AHEPA JOURNEY TO GREECE 2024

June 16 - July 12, 2024

## **Application Form**

### Requirements for all Applicants:

- 1. All Students must provide evidence of good academic standing (official transcript or official letter)
- 2. Transcripts of most recently completed school semester. (All Students must provide)
- 3. Letter of recommendation from academic advisor. (All Students must provide)
- 4. A most recent PASSPORT SIZE (2"x 2") photograph. (All students must provide)

\_ Student's Signature: \_\_\_

- 5. Deposit payment of \$945.00 (non-refundable) for program. (April 30, 2024)
- 6. Students must be admitted to a university or recently graduated High School and at least (18yrs old).
- 7. Recently graduated High School students (18yrs and over) must provide a High School transcript or submit a copy of their university enrollment form or else apply for admission to Webster.
- 8. Front page of their passports.

| I hereby apply for <mark>par</mark> ticip <mark>a</mark> t | ion i <mark>n t</mark> he A <mark>H</mark> EPA Journey to Gr <mark>e</mark>                            | ece 202 <mark>4. (Please print or type)</mark> |  |
|--|--|--|--|
| Name   | 50 2   |  |  |
| Address  |  |  |  |
| City   | StateState   | Zip Code                                       |  |
| Home Phone   | Primary Email  |  |  |
| Cell Phone   | Alternate Email  |  |  |
| Date of Birth  | Place of Birth   |  |  |
| I am a student at  | Propo  | Year in School:                                |  |
| CHECK ANY OF THE FOLLO                                     | se circle one): None / Fair / Good<br>WING (if applicable):<br>I standing of the Sons of Pericles or M |  |  |
| Member #   | Located in:,,  |  |  |
| My father and/or mother - (circ                            | cle one or both, if applicable) –  |  |  |
| is a member in good standing o                             | f:AHEPA or   | Daughters of Penelope Chapter No               |  |
| Membership #   | Located in   |  |  |
|  |  |  |  |





| Parent's Name:                 |                                    |  |                            |
|--------------------------------|------------------------------------|--|----------------------------|
| Address:                       |                                    |  |                            |
| City:                          |                                    | State:   | Zip Code:                  |
| Home Phone:                    |                                    | Primary Email:   |                            |
| Cell Phone:                    |                                    | Alternate Email:   |                            |
| Date:                          | Signed:                            |  | (Parent or Legal Guardian) |
|                                |                                    | ney to Greece." Checks and credit c<br>to Greece, Suite 500, 1909 Q Street,  |                            |
| For More Inform                | ation on the Progra                | m please contact:  |                            |
| Dina Skias <mark>skiasa</mark> | d@webster.edu                      |  |                            |
| Webster Athens C               |                                    | CAN DIAS   |                            |
| *                              | thens 1 <mark>0557 Greec</mark> e  |  |                            |
| Tel Numbers: Tel               | l: 011 <mark>-30-211-99</mark> 0-5 | 305  | 4                          |
| Parents Name                   |                                    | \ \Y   |                            |
| Address                        |                                    | 1 2 3  |                            |
| City                           |                                    | State  | Zip Code                   |
| Home Phone                     |                                    | Primary Email  |                            |
| Cell Phone                     | 1 3                                | Alternate Email  |                            |
| Date                           | Signed:                            | The state of the s | (Parent or Legal Guardian) |
|                                |                                    | accompany the application form. ucational Foundation.  |                            |
|                                | (Visa, MC, AMEX,                   |  |                            |
| 1 (WIII) (I                    |                                    |  |                            |
| Expiration Date:               | / CVV                              | Code:  |                            |
| Name on the Car                | d:                                 |  |                            |
|                                |                                    |  |                            |

Mail with payment on or before Deadline of (April 30, 2024) to:

AHEPA/Journey to Greece 2023

1909 Q. Street, NW, Suite 500 Washington, DC, 20009

Tel: (202) 232-6300 / Fax: (202) 232-2140 / E-mail: <u>ahepa@ahepa.org</u>





For Additional Information, Contact: Dina Skias JTG Program Director in Greece E-mail: skiasd@webster.edu Tel. +30-211-990-5303

#### 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 winter 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.ahepa.org/journey.
- 7. More exciting updates and bulletins will follow for all accepted to the program.
- 8. WEBSTER will provide Transcript Request Forms to transfer credits to your universities.

#### Please note:

- 1. Students should apply for their passports early, to avoid complications!
- 2. Final payment of the program cost must be made by no later than May 30, 2024.
- 3. A \$ 150 payment surcharge will be applied to all bookings made after April 30, 2024.
- 4. All students must have evidence of travel insurance (health, baggage, etc.).
- 5. Copy of their front page of their passports must be sent to Webster Athens.
- 6. Students should have an ATM card by time of departure for foreign exchange during travel.
- 7. For detailed course descriptions and syllabi contact Dina Skias Email: skiasd@webster.edu
- 8. More exciting updates and bulletins will follow for all accepted to the program.
- 9. WEBSTER will provide Transcript Request Forms to transfer credits to your home university.

# COST PER PERSON FOR BOOKINGS BEFORE April 30, 2024.

Summary of Program Costs Bookings before April 30, 2024 \$ 4,295.00

# Payment Terms:

- \$ 945 deposit is required by April 30, 2024
- Final payment of the balance by May 30, 2024
- A \$ 150 payment surcharge will be applied to all bookings made after April 30, 2024
- All payments are made to "AHEPA Journey to Greece." Checks and credit cards are accepted.
- Payments are made to: AHEPA Journey to Greece, Suite 500, 1909 Q Street, NW, Washington DC 20009.
- N.B. Refundable Housing Deposits of \$ 150 per student are required from each student and will be payable in Athens. This can be presented in the form of personal checks which will not be cashed unless a penalty is warranted.

#### Refund policy:

- Cancellations before May 10, 2024 will receive a refund of 100% of the amount paid less the AHEPA \$ 150 Administration fee and the \$ 945 deposit\*
- Cancellations after May 10, 2024 will receive a refund of 50% of the amount paid less the AHEPA \$ 150 Administration fee and the \$ 945 deposit\*
- Cancellations after May 20, 2024 will receive no refund \*Less any transfer or bank charges incurred.