

The St. Spyridon Greek Orthodox Church /
George & Rose Papanicolaou Scholarship Fund,

a 501(c)3 Not-For-Profit Organization

STUDENT APPLICATION ON-LINE

INSTRUCTIONS:

1. Please complete this application in full.
2. Type all information.
3. If you have additional facts that will be important to the scholarship committee who will consider your application, please include additional typewritten sheets.
4. Upon completion, have your parent and your school principal, or his authorized representative sign this application.
5. You must include a copy of your transcripts
6. You must provide Four (4) Letters of Recommendation from the following:
 - a. A high school teacher or administrator
 - b. The Parish Priest
 - c. A Sunday School teacher
 - d. From any other source

When asking an individual for a letter of recommendation, please provide a stamped envelope addressed to the Secretary of the Scholarship. All letters of recommendations are to be mailed directly to the Secretary of the Scholarship from the above-named individuals and not from the Applicant.

PERSONAL INFORMATION:

1. NAME: _____
last first mi male/female

2. ADDRESS: _____
city state zip code

3. CONTACT INFORMATION:

Home: (____) _____

Cell: (____) _____

E-mail: _____

4. DATE OF BIRTH: _____
month day year place of birth

5. MOTHER'S NAME _____

6. FATHER'S NAME _____

EDUCATION:

1. List the high schools you have attended during the last four years.

SCHOOLS	ADDRESSES	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. PSAT/SAT Scores _____

3. Grade point average (9th through 11th grades only): _____

SCHOOL AND COMMUNITY ACTIVITIES: (use separate sheet).

1. School activities- office or responsibility held.
2. Community activities- office or responsibility held.
3. List any honors you have received in #1 and #2 above.
4. List and describe briefly hobbies that were not included above.
5. Are you or have you been employed? If so, what was the type of work and approximately how many hours did you work weekly?
6. Are you the beneficiary of any other scholarship award? If so, please list.
7. What other scholarships have you applied for?

FINANCIAL NEED: (use separate sheet)

In 200 words or less explain your need for financial assistance.

FUTURE PLANS:

1. What college/university and what major course of study have you selected:

College: _____

Major Course of Study: _____

2. Why have you selected this college/university? (100 words or less on a separate sheet).
3. In 200 words or less describe your objectives, goals, and aspirations for the future. (use a separate sheet).

REQUIRED SIGNATURES:

Date

Parent's signature

Date

Principal's signature

Date

Applicant's signature

NOTICE TO ALL APPLICANTS: PLEASE BE FULLY AWARE THAT IT IS THE APPLICANTS SOLE RESPONSIBILITY TO FOLLOW-UP AND MAKE SURE THAT THE APPLICATION AND ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED BY THE SCHOLARSHIP COMMITTEE BY THE DEADLINE SET FORTH WITHIN, AND THAT THEY SHALL ATTEND THE SCHOLARSHIP APPLICATION INTERVIEW MEETING AT WHATEVER DATE IT IS SCHEDULED FOR BY THE COMMITTEE. ANY FAILURE TO FULLY COMPLY WITH THESE REQUIREMENTS SHALL BE A BASIS FOR DENIAL. NO EXCEPTIONS AND NO DEFERMENTS.

ALL Applications SHALL be received by March 31st (Any Application received after this date, even if postmarked before, will not be accepted. Applicants sole responsibility to get ALL Application materials to the committee by this date. No Exceptions)

MAIL COMPLETED APPLICATION TO:

Mrs. Helen M. Mellos, Secretary
St. Spyridon Greek Orthodox Church / George & Rose Papanicolaou Scholarship Fund
4106 Lark Street
San Diego, California 92103
(619) 298-2070
HMM@mellos.org