

James Pappas Memorial Fund

The purpose of this fund is to financially help students of Saint Barbara Greek Orthodox Church of Toms River, New Jersey, to fulfill their educational goals.

Requirements:

- The student must be a participating member in good standing with Saint Barbara Church
- The student may apply for a \$2000 grant no later than May 15 of the current year.
- The student must show admittance to the school of their choice which may be a:
 1. Trade/Vocational School
 2. Community College
 3. Four-Year College
 4. Graduate School
- The student may not receive the grant to two consecutive years, but may reapply the third year.
- The student must also show acceptable grades.
- A committee for the selection of the student is to be made up of the following:
 1. Priest of the Parish
 2. Chairman of the Board
 3. A member of the Pappas Family
- In April or May a meeting is to be held and documented for the files reflecting:
 1. Applications submitted
 2. Review applications to make sure they comply
 3. Final Selection by committee which will be announced in June
 4. Interview with student applicants
- The check for the \$2,000 grant is to be written to the school of the student's choice only. **It is not to be written to the student.**
- Funds are to be kept in a separate escrow bank account of Saint Barbara Greek Orthodox Church earning interest.

James Pappas Scholarship Grant Application

This application is to be presented to those of Saint Barbara Greek Orthodox Church for consideration of a **Grant** for educational purposes. Once the selection has been made by the committee plans will then be set up with candidate for the payment to the school of candidate's choice.

Date: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

High School Attended: _____

College Attended: _____

Vocational School Attended: _____

Career Plans

School that you have been accepted to: _____

Anticipated Major: _____

Annual Cost of: Tuition: \$ _____

Board: \$ _____

Total: \$ _____

Funds you have available:

1. Financial Aid Package:	\$ _____
2. Grants:	\$ _____
3. Scholarships:	\$ _____
4. Parents:	\$ _____
5. Your Contribution:	\$ _____
TOTAL	\$ _____

Additional Information:

1. Attach a copy of your full transcript of grades
2. List your extra curricular activities at school:

3. List of activities with Saint Barbara Greek Orthodox Church:

4. Explain why you would like to have the scholarship grant.

Please return this application no later than May 15th to the church office