



2017 Scholarship Invitation

Application Deadline: **May 1, 2017**

January 01, 2017

To Prospective Applicant,

One of the main objectives of the Daughters of Penelope has been the promotion of education amongst our membership, young Hellenes, and the community at large.

To this end, the Daughters of Penelope mandated a scholarship program and the formation of the Daughters of Penelope Foundation, Inc. to nurture, grow and maintain this scholarship program.

In 2017, the Daughters of Penelope Foundation, Inc. are pleased to announce the offering of 15 perpetual scholarships and 8 annual scholarships which will be awarded to qualifying young women enrolled in Graduate and Undergraduate programs.

Attached to this letter is the **2017 Scholarship Application**. It is very important that you review the application carefully so you can become familiar with the items which are required. **Be sure to refer to page 1 of the application for a checklist of items which must accompany your application. Incomplete applications will be disqualified.**

The fillable .pdf version of the application can also be downloaded from the internet at www.dopfoundationinc.com or www.daughtersofpenelope.org.

Please contact me if I can be of any assistance to you or if you have any questions.

Yours sincerely,

Antoinette Marousis-Zachariades

Antoinette Marousis-Zachariades,
Scholarship Chairman
305 Worth Street, Brick, NJ 08724
e. dopfoundationsscholarship@gmail.com
t. 732-458-8782

Only Applicants may inquire with the Scholarship Chairman regarding their application.



2017 SCHOLARSHIP APPLICATION

Eligibility and Application Procedures



Revised Dec. '16

IMPORTANT – utilize this checklist of items which must be included with your application in order to avoid disqualification.

- Be a woman.
- Have a current member of your immediate family* or legal guardian (court appointed) in the Daughters of Penelope or the Order of AHEPA who are active and in good standing for a minimum of 24 continuous months prior to the scholarship deadline date, or be an active member in good standing for a minimum of 24 continuous months prior to the scholarship deadline date in the Daughters of Penelope or the Maids of Athena.
* **Immediate family means father, mother or grandparent.**
 - Both the affiliated Chapter President AND Secretary must verify membership of applicant or of immediate family by completing and signing the last section of this application.
- Also applying for a designated **Financial Need Scholarship? US Students** must submit a copy of the first two pages of their own (if independent) or their parent(s)' (if claimed as a dependent) complete IRS forms and completed Free Application for Federal Student Aid (FAFSA). Black out all Social Security Numbers. **Canadian Students** must submit a copy of their own (if independent) or their parent(s)' (if claimed as a dependent) T1 General Income Tax form (4 pages) and completed Financial Need Assessment form currently accepted at your university. Black out all Social Insurance Numbers. All financial information will be kept in the strictest confidence.
- Write an essay in English, typed or handwritten clearly (one page only), about your education and vocational goals.
- Include a non-returnable wallet-sized recent photo for possible use of the Daughters of Penelope Foundation, Inc.
- Your application and all supplementary material become the property of the Daughters of Penelope Foundation, Inc. for IRS compliance reasons and cannot be returned. You are encouraged to make a photocopy of your application before submission.

Undergraduate Award Applicants

UNDERGRADUATE APPLICANT CHECKLIST:

- The Applicant must be a High School Senior, recent High School Graduate, GED recipient, or equivalent, applying for admission to an accredited college, university or technical school, or an undergraduate at the college level.
- Official School Transcripts from the Registrar's office from High School (or GED) and/or all College(s) attended.
OFFICIAL TRANSCRIPT is defined as a **signed and sealed** record produced by your school's Registrar. It can be included in your packet and sent by Certified Mail to the Scholarship Chairman; or sent directly from your school to the Chair by regular mail. **Note:** Opened transcripts, not in an official signed and sealed envelope, are invalid and unofficial and will not be accepted.
- ONE** current letter of recommendation from a past or present faculty member. **Note:** Letter may be mailed separately by the faculty member.
- ONE** current letter of recommendation from a community source (i.e. employer, priest or another person who knows your vocational goals). **Note:** Letter may be mailed separately by the community source.
- Signed and Dated Application (by the Applicant only).

Applicant must not be a former recipient of an Undergraduate award of the Daughters of Penelope National Scholarship Program.

Graduate Student Award Applicants

GRADUATE APPLICANT CHECKLIST:

- Official evidence of acceptance to, or current enrollment in, a M.A., M.S., M.B.A., Ph.D, D.D.S., J.D., M.D., or other university post-graduate program.
- TWO** current letters of recommendation from a past or present faculty member. **Note:** Letters may be mailed separately by the faculty members.
- Official School Transcripts from the registrar's office of **ALL** colleges attended.

OFFICIAL TRANSCRIPT is defined as a **signed and sealed** record produced by your school's Registrar. It can be included in your packet and sent by Certified Mail to the Scholarship Chairman; or sent directly from your school to the Chair by regular mail. **Note:** Opened transcripts, not in an official signed and sealed envelope, are invalid and unofficial and will not be accepted.

- Signed and Dated Application (by the Applicant only).

Applicant must not be a former recipient of a Graduate award of the Daughters of Penelope National Scholarship Program. Previous Undergraduate Scholarship winners are eligible for a Graduate Award.

Applications MUST be postmarked by MAY 1, 2017 and sent to the Chairman by utilizing one of the following required postal methods:

- For U.S. Applicants: **United States Postal Service - Certified Mail and Return Receipt Requested (postcard or email).**
- For Canadian Applicants: **Canada Post Registered Mail via Xpresspost with signature of receipt required.**
- For European Applicants: **European equivalent mail service with signature of receipt required.**

Please contact the Chairman if you have any questions or concerns regarding these mailing requirements.

Your application will not be considered if couriered, faxed, emailed or submitted late.

2017 Application

Applications must be typed or handwritten clearly (online application is a fill-able .pdf*). All requirements and questions must be completed and answered or application will be disqualified.

*Available at www.dopfoundationinc.com

Tell Us About Yourself

All Fields are required

Wallet Size Recent Photo Required – please write your name on the back (non-returnable)

Citizenship:

American Canadian Greek Other (please specify): _____

First Name:

Middle Name:

Last Name:

Date of Birth (MM / DD / YYYY):

Home Address:

City:

State / Province:

Zip / Postal Code:

Daytime Telephone:

Email:

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Grade completed:

Name and Address of School or College from which you are about to graduate:

Address while attending college or university (if different from Home Address above):

List all of the scholarships you have received, their respective amounts and year received (please type on additional paper if required):

Scholarship:

Amount:

Year received:

1.

2.

3.

4.

List school activities (class year, high school/college societies, athletics, offices held) (please type on additional paper if required):

Activity:

Details:

1.

2.

3.

4.

Name scholastic honors, awards and activities achieved during the last two (2) years (please type on additional paper if required):

Name of Honor:

1.

2.

3.

4.

List community activities in which you have participated (please type on additional paper if required):

Activity:

Role:

Year(s)

1.

2.

3.

4.

List the name and title of a past or present faculty member whose current letter(s) of recommendation is enclosed with this application (**ONE** for Undergraduate Applicants, **TWO** for Graduate Applicants). Letters of Recommendation MAY be mailed separately by the faculty member(s):

Name:	Title:	School:
1.		
2.		

List the name and title (if applicable) of the community source whose letter of recommendation is enclosed with this application (Undergraduates only). Letters of Recommendation MAY be mailed separately by the community source:

Name:	Title:	Affiliation with Applicant:
1.		

Do you also want to be considered for a designated Financial Need Scholarship? No Yes

US Students must submit a copy of the first two pages of their own (if independent) or their parent(s)' (if claimed as a dependent) complete IRS forms and completed Free Application for Federal Student Aid (FAFSA). Black out all Social Security Number references. **Canadian Students** must submit a copy of their own (if independent) or their parent(s)' (if claimed as a dependent) T1 General Income Tax form (4 pages) and completed Financial Need Assessment form currently accepted at your university. Black out all Social Insurance Numbers. All financial information will be kept in the strictest confidence.

Affiliations

Are you a Member of the Daughters of Penelope ? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes , please supply the following information:	Chapter Name & #:	Chapter City & State/Province:	Year of Initiation:
Are you a Member of the Maids of Athena ? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes , please supply the following information:	Chapter Name & #:	Chapter City & State/Province:	Year of Initiation:

If you are not a member, please list up to two immediate family members (or legal guardians) who have been Active Members in the Order of AHEPA and/or the Daughters of Penelope for a minimum of 24 continuous months prior to the scholarship deadline. These affiliations must be confirmed by their local chapter's President and Secretary in the "AHEPA Family Verification" section below:

1. Full Name	Relationship:	Chapter Name & #:	Chapter City & State/Province:	# of Years as a Member:
2. Full Name	Relationship:	Chapter Name & #:	Chapter City & State/Province:	# of Years as a Member:

Undergraduate Applicants

From which junior college, college, university, or accredited technical school do you plan to obtain your degree?

Have you already been accepted into this school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated major field of study:	Anticipated start date:
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What degree do you plan to attain?

A.A. _____ B.A. _____ B.S. _____ Other: _____ In what subject area? _____

Graduate Applicants

From which university do you plan to obtain your postgraduate degree?

Have you already been accepted into this school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major field of study:	Anticipated start date:
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What degree do you plan to attain?

M.A. _____ M.S. _____ M.B.A. _____ Ph.D. _____ D.D.S. _____ J.D. _____ M.D. _____

Other: _____ In what subject area? _____

AHEPA Family Verification

To be completed and verified by your local chapter's President and Secretary:

We are pleased to recommend (name of applicant):	As a candidate for any (select one): <input type="checkbox"/> Undergraduate Award <input type="checkbox"/> Graduate Award
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We verify the membership of the **Applicant** in our Chapter:

Full Name of Applicant:	Membership #	# of years as a Member in good standing (dues paid):	
Chapter Name:	Chapter#	Chapter City & State/Province:	AHEPA Family branch (select one): <input type="checkbox"/> Daughters of Penelope <input type="checkbox"/> AHEPA <input type="checkbox"/> Maids of Athena

OR We verify that the **Immediate Family member(s)** (or legal guardians) listed above in the "Affiliations" section have been Active Members in Good Standing with our chapter for a minimum of 24 continuous months prior to the scholarship deadline

Full Name:	Relationship to the Applicant:	# of years as an active Member in good standing (dues paid):
1.		
Full Name:	Relationship to the Applicant:	# of years as an active Member in good standing (dues paid):
2.		

CHAPTER PRESIDENT – Full Name:	Signature:
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Daytime Telephone: () -	Home Address:	
City:	State / Province:	Zip / Postal Code:

CHAPTER SECRETARY – Full Name:	Signature:
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Daytime Telephone: () -	Home Address:	
City:	State / Province:	Zip / Postal Code:

APPLICANT SIGNATURE (Must be signed by APPLICANT or be subject to disqualification)

In applying for this scholarship and signing below, I acknowledge and agree that all scholarship awards will be paid directly to the recipient's educational institution.

Applicant's Signature (MUST be the signature of the Applicant)	Date:
X	

Applications MUST be postmarked by MAY 1, 2017 –
Please see page 1 of this application for accepted mailing methods.

Mail to: Antoinette Marousis-Zachariades, Scholarship Chairman
305 Worth Street, Brick, NJ 08724
Questions? e. dopfoundationscholarship@gmail.com t. 732-458-8782

Only APPLICANTS may inquire with the Scholarship Chairman regarding their application.

The Scholarship Chairman will notify all Scholarship recipients with the final decision by postal mail.

All scholarship awards will be paid directly to the recipient's educational institution. For undergraduate students: the award will be sent once **proof of full-time student status** (as defined by your educational institution) and **proof of enrollment** from this accredited College, University or Technical School is received by the scholarship chairman. For graduate students: the award will be sent once **proof of enrollment** from this accredited Graduate School/University is received by the scholarship chairman.