

ORDER OF AHEPA



Washington Chapter 31

COLLEGE SCHOLARSHIP APPLICATION

“Dr. Demas Fund”

ACADEMIC YEAR 2019

WASHINGTON DC VIRGINIA MARYLAND

Demas Scholarship Application Requirements

- **Eligibility:** Applicants are eligible to apply if:
 - A. They are a child of a current member of Washington AHEPA Chapter 31
 - B. The parent of the applicant has been a paid up member of AHEPA Chapter 31 for the previous two years and paid up for the current year
 - C. They are graduating High School Seniors or College Freshman
 - D. They have a minimum Grade Point Average of 3.0

- **Application Requirements.** Applicants must submit:
 - A. Demas Scholarship Application completely filled out.
 - B. Transcripts of their Academic Work
 - C. S.A.T Scores (High School Seniors and College Freshman only)
 - D. Copies of Recognition Certificates (If any)
 - E. Written Essay — 300 word essay required. Title of the Essay should be ***“The Value of Hellenic Culture”***
 - F. Any other documents you wish to have reviewed with your application.

- **Application Procedure.** The following procedures should be followed:
 - A. Applications should be submitted under a cover letter which should confirm the father’s membership with AHEPA Chapter 31.
 - B. Signatures from the President or Vice President of AHEPA Chapter 31 are required to verify the father’s AHEPA membership History. The Chapter 31 Membership Chairman can provide AHEPA membership Information:
 - Mr. Steven Katradis
 - 17803 Marble Hill Place
 - Germantown, MD 20874
 - 301-515-7818
 - katradis007@msn.com
 - C. Cover letter should include all the Documentation stipulated under *Application Requirements*.
 - D. Application must be post marked no later than April 1.
 - E. Application should be mailed to:
 - President of Washington AHEPA Chapter 31
 - Mr. Mark Kotsatos
 - 7217 Dubuque Ct
 - Rockville, MD 20855

- **Application Evaluations.** All applications for Demas Scholarships will be evaluated by a committee of academic and professional members, who are not associated with any of the applicants. The following is the weight of each of the evaluation criteria:

A. For College Sophomores, Juniors and Seniors applications:

Grade Point Average	possible 40 points
Dean's List	possible 10 points
Honors/Extra Curricular Activity	possible 10 points
Part Time Employment	possible 10 points
Essay	possible 30 points
Total	possible 100 points

B. For High School Seniors and College Freshmen

SAT score	possible 10 points
Grade Point Average	possible 30 points
National Honor Society	possible 10 points
Honor/Extra Curricular Activities	possible 20 points
Essay	possible 30 points
Total	possible 100 points

The entire application package becomes the property of the Scholarship Foundation and will not be returned

DEMAS SCHOLARSHIP APPLICATION

1. Name of Applicant

_____ Last First MI

2. Home Address

(Mailing Address)

3. Tel. No. () _____

4. Date of Birth _____ | _____ | _____

5. Name of the College or University you will be attending in the Fall for Undergraduate Studies:

_____ City State

_____ Name of College Registrar

6. Credentials: (Attach to Application)

HIGH SCHOOL SENIOR:
High School Transcript, Class Rank, Grade Point Average, and S.A.T Scores.

COLLEGE UNDERGRADUATES:
College Transcript and Grade Point Average.

HONORS, AWARDS (INCLUDING NATIONAL HONOR SOCIETY, DEANS LIST
(Number of Times))

EXTRA CURRICULAR ACTIVITIES.

7. Employment History (Full and Part Time)

8. Three Hundred Word Essay with the Title:

“The Value of Hellenic Culture”

APPLICANT CERTIFICATION:

These documents submitted are true to the best of my knowledge and belief.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

NAME of SPONSORING PARENT

AHEPA ID # of Parent

CREDENTIALS VERIFICATION/APPROVAL BY WASHINGTON CHAPTER 31

Our Chapter hereby sponsors the application of:

Name of Applicant _____

This application appears to meet all of the eligibility criteria established, and we hereby request that it be reviewed and considered for the Dr. Demas Scholarship.

CHAPTER PRESIDENT

CHAPTER VICE PRESIDENT/SECRETARY

Print Name

Print Name

Signature

Signature

Date

Date