

APPLICATION
HIGH SCHOOL GRADUATE
MARY VAMVORAS MEMORIAL SCHOLARSHIP
DAUGHTERS OF PENELOPE, HECABE CHAPTER #185
SAN ANTONIO, TEXAS

Please print or type. All items must be completed, circled, or marked N/A (not applicable).

Full Name of Applicant _____

Address _____
 (Street) (City) (State) (Zip)

Telephone (____)-_____ Applicant's e-mail address _____

Applicant's date of birth _____ Applicant's place of birth _____

Is the applicant and/or their immediate family active members of St. Sophia's Greek Orthodox Church in San Antonio, Texas? YES _____ NO _____

If YES, please list or describe how applicant and/or their immediate family are active members within St. Sophia's Greek Orthodox Church: _____

Is the applicant's immediate family a member of Daughters of Penelope, Hecabe Chapter #185 **AND/OR** AHEPA, Chapter #311 of the St. Sophia Greek Orthodox Church in San Antonio, Texas?

YES _____ NO _____

If yes, name(s) of parent or legal guardian _____

Circle relationship(s) to applicant: Father Mother Legal Guardian Other _____

High School graduating from _____

Grade Point Average (GPA) for all four years in high school at graduation _____

College or University attending next academic year _____

Academic Achievements and Awards:

Participation in Extracurricular Activities in or out of high school:

Offices Held and Other Recognitions:

INFORMATION REQUIRED WITH THIS APPLICATION

- (1) A letter signed and dated by the applicant in no more than 500 words stating the history of the applicant, academic achievements, activities, career goals, and reasons for requesting the scholarship.
- (2) Three non-family letters of recommendation, original letter with signature.
- (3) Small photo of applicant (photo not returnable).
- (4) A completed application.
- (5) Grade Point Average (GPA) (official, sealed transcript) of all four years in high school at graduation. Electronic **Official** transcripts may be submitted, but **only** by the high school and **not** by the student. Said transcripts should be sent by email to the Committee Chairman to: **kbrdkat@att.net** .
- (6) Copy of letter from the college or university that the applicant has been accepted to as a full time student.

You must mail (**NO HAND CARRIED APPLICATION**) the entire **completed** application packet (suggested certified mail) postmarked no later than June 30, 2018 to:

Daughters of Penelope, Hecabe Chapter #185
 Attention: Scholarship Chairman
 2504 N. St. Mary's Street
 San Antonio, TX 78212

NO HAND CARRIED APPLICATIONS WILL BE ACCEPTED
NO EXCEPTIONS

APPLICATION
UNDERGRADUATE COLLEGE OR UNIVERSITY
MARY VAMVORAS MEMORIAL SCHOLARSHIP
 DAUGHTERS OF PENELOPE, HECABE CHAPTER #185
 SAN ANTONIO, TEXAS

Please print or type. All items must be completed, circled, or marked N/A (not applicable).

Full Name of Applicant _____

Address _____
 (Street) (City) (State) (Zip)

Telephone (____)-_____ Applicant's e-mail address _____

Applicant's date of birth _____ Applicant's place of birth _____

Is the applicant and/or their immediate family active members of St. Sophia's Greek Orthodox Church in San Antonio, Texas? YES _____ NO _____

If YES, please list or describe how applicant and/or their immediate family are active members within St. Sophia's Greek Orthodox Church: _____

Is the applicant's immediate family a member of Daughters of Penelope, Hecabe Chapter #185 **AND/OR** AHEPA, Chapter #311 of the St. Sophia Greek Orthodox Church in San Antonio, Texas?
 YES _____ NO _____

If yes, name(s) of parent or legal guardian _____

Circle relationship(s) to applicant: Father Mother Legal Guardian Other _____

College or University attending next academic year _____

Date of registration _____ Expected Graduation Date _____

Major or Field of Study _____

Number of credit hours completed _____

Cumulative GPA as shown on transcript of the **current** college or university (**2017-2018**): _____

Academic Achievements and Awards

Participation in Extracurricular Activities:

Offices Held and Other Recognitions:

INFORMATION REQUIRED WITH THIS APPLICATION

- (1) A letter signed and dated by the applicant in no more than 500 words stating the history of the applicant, academic achievements, activities, career goals, and reasons for requesting the scholarship.
- (2) Three non-family letters of recommendation, original letter with signature.
- (3) A completed application.
- (4) Grade Point Average (GPA) of 3.0, or higher, on a 4.0 scale as reflected on the official, sealed transcript(s) of **the current college or university**. The transcript must also show that the applicant has been a **full-time student** (has **completed** at least 12 quarter or semester hours for the fall term 2018 and the spring term 2019
- (5) Electronic **Official** transcripts may be submitted, but **only** by the college or university and **not** by the student. Said transcripts should be sent by email to the Committee Chairman to: **kbrdkat@att.net** .

You must mail (**NO HAND CARRIED APPLICATIONS**) the entire **completed** application (suggested certified mail) postmarked no later than June 30, 2018 to:

Daughters of Penelope, Hecabe Chapter #185
Attention: Scholarship Chairman
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