



Daughters of Penelope District Six Scholarship

Ms. Joanne Pappas
2 Maplewood Street
Glen Head, NY 11545
February 1, 2023

Dear Sisters:

Enclosed is a copy of this year's District Six Scholarship application. Please note that the date of postmark for the Scholarship application to be submitted is May 15, 2023. Please make photocopies for distribution to worthy scholarship candidates and encourage them to apply.

This year, there will be awards given for first and second place winners in the amount of \$1,000 and \$500 respectively.

Please note that a past Convention resolution requires that candidates must be the child or grandchild of an Ahepan or Daughter of Penelope. The applicant must be a resident of New York State. The Ahepan or Daughter must be in good standing for at least two years and have attended at least four meetings per year. The applicant may also be a member in good standing of the Sons of Pericles or the Maids of Athena.

No application will be considered whose sponsoring chapter has not paid their mandatory District obligation by May 1st, 2023. If your chapter's mandatory obligations to the District are not paid and postmarked by May 1st, 2023, the scholarship application will automatically be rejected.

Please note that all completed scholarship applications including all necessary endorsing signatures should be sent to the above address and must be postmarked no later than May 15, 2023. The application must be signed by the endorsing chapter.

Thank you, Sisters. We look forward to yet another successful scholarship program.

Yours in Theta Pi,

Joanne Pappas, PDG
Scholarship Committee Chairman

Daughters of Penelope

District Six

Scholarship Application and Rules

**APPLICANT MUST BE RESIDENT
OF NEW YORK STATE**

Application must be postmarked no later than

May 15, 2023

***Caution: Any Scholarship application received after this date will not be considered.**

DAUGHTERS OF PENELOPE

DISTRICT SIX SCHOLARSHIP APPLICATION

MUST BE POSTMARKED BY MAY 15, 2023

APPLICANT MUST RESIDE IN NEW YORK STATE

Name _____
(Last) (First) (Middle)

Home Address _____
(Street) (City)

(State) (Zip Code) (Phone)

Email Address _____

Date and place of birth:

Parents (complete both columns) Father Mother

Name (mother's maiden name) _____

Are you related to anyone in the Daughters of Penelope or AHEPA chapters? _____
List name, address, relationship, name of chapter, city, state and name of order.
A grandparent, parent or legal guardian who are active members through which
you are seeking eligibility. (Please note that to be eligible a candidate's qualifying
family member must be a member in good standing for a full two years before the
application is made.

Have you been a member for two (2) years of the Maids of Athena or Sons of
Pericles? _____ If so, give chapter, name and number. _____

Present course of study _____

List scholastic honors or distinctions received in high school:

List community activities and any special recognition received:

When do you expect to enter college? _____

If already accepted, name of college: _____

Attach a written response to this application in which you discuss your ideals
and goals. Discuss who has been the most influential person in your life; in what
way, and why. Where do you see yourself five years from now? We ask that you
also provide a separate essay that answers the questions: What does the AHEPA
family mean to you or what does Hellenism mean to you.

Date

Applicant's Signature

SCHOOL FORM (This form must be postmarked by May 15, 2023)

To be filled out by the guidance department of applicant's High School or the School principal or individual who can verify the extent of education comparable to a high school education (High School Equivalency Diploma).

In regard to the following applicant _____
Student's Name

for a scholarship from the Daughters of Penelope, we have examined the statements and believe them to be reasonable and correct.

1. Date of graduation _____
2. Grade average _____ (weighted)
3. Grade average _____ (unweighted)
4. Please briefly explain GPA scaling used by your School District:

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5. List scholastic honors and distinctions _____

6. Extra curricular activities in which student is involved _____

7. Attach or send a complete transcript of all high school grades and please attach results of SAT or ACT tests to transcript if student is submitting such scores for consideration (the tests count for up to 20 points of 100 on our point system; the submission is optional but recommended). We will accept the copy from your high school.

8. Please attach two letters of recommendations: 1) teacher 2) principal and/or guidance counselor.

9. On behalf of _____ we hereby recommend
(Name of School)

_____ as a candidate for scholarship award
(Student's Name)

Date

Signature and Title

Please Print Name

CHAPTER FORM (IF NO DAUGHTERS CHAPTER, THEN PLEASE CONTACT THE DISTRICT GOVERNOR)

The Daughters of Penelope Chapter _____

Chapter No. _____

Hereby endorses the scholarship application of _____
Please Print Name of Applicant

Date

Chapter President's Signature

Chapter Secretary's Signature

Please send this application with the two letters of recommendations, postmarked by May 15, 2023, to the following address:

Scholarship Committee Chairman:

Joanne Pappas, PDG
2 Maplewood Street
Glen Head, New York 11545

