

Alexander Hamilton Chapter #54

Order of AHEPA • Paramus, New Jersey Instituted: April 2, 1925 in Paterson, NJ



SCHOLARSHIP ELIGIBILITY

- 1. All applicants must be graduating high school seniors who have been accepted for admission to a school of higher learning.
- 2. All applicants must be children or grandchildren of members who are currently "in good standing" (current year dues must be paid by March 15th) of Alexander Hamilton Chapter #54.
- 3. Scholarships will be awarded on the basis of academic achievement while maintaining strong ties to Hellenism.
- 4. In the event that Alexander Hamilton Chapter #54 has no applicants from the current membership of our AHEPA family, applications may be extended to the children of members of the local Greek community.
- 5. Awards will be determined by the Scholarship Committee, based on various factors, including, but not limited to, your application, and the availability of funds.

SCHOLARSHIP REQUIREMENTS

- 1. Complete the application and submit with required documents by March 31st.
 - a) Official transcript of the applicant's scholastic records. Please have your guidance counselor or someone responsible indicate your GPA on a 4.0 scale.
 - b) Final school rank as of date of application (if applicable).
 - c) Official test scores given for the SAT or ACT (or equivalent).
 - d) Resume indicating your participation in extracurricular school activities and/or community service.
 - e) Two letters of recommendation from faculty members of the school attended.
 - f) 300-600 word essay.
 - g) High resolution (300 pixels) .jpeg file of your senior portrait (with no markings).
 - h) Your submittal should be in <u>one email</u> with multiple attachments. 3rd Party documents, such as letter of recommendation, may be submitted separately.



Alexander Hamilton Chapter #54 Scholarship Application

Please fill out and send via email along with the other documents and information requested to AhepaChapter54@gmail.com by March 31st.

Personal Information				
First Name:	Last Name:			
Address:	City: State: Zip:			
Phone: Email:				
Education				
High School:	City:			
College/University You Will be Attending:				
Anticipated Major(s)/Minor(s):(if undecided, leave blank)				
Accomplishments & Goals				
	ved of which you are most proud of, explain why.			
2.				
3				

11.	List three organizations or activit which you have been heavily invo	, -	•			ics, etc.) in
1.						
2.						
3.						
III. —	What are your college and caree	r goals?				
٩r	merican Hellenic Edu	cational	Progress	sive Asso	ociation (<i>A</i>	AHEPA)
If a	a family member is affiliated with A	AHEPA, please	list their nam	e, chapter na	ime and number	below.
	was your father in AHEPA? _Yes Name _No	_ Chapter Name		ID #	Membership Pa	id Thru
	was your grandfather in AHEPA? _Yes Name _No	_ Chapter Name		ID#	Membership Pa	id Thru

ESSAY

APPLICANT CERTIFICATION

,	formation furnished in the application	are true, complete and o	correct
to the best of my knowledge, and	subject to verification.		
			
Applicant Name	Applicant Signature	Date	

Double-Check List

Do you have all of the items listed below?

- A. Completed application
- B. Official transcript of your scholastic records with your GPA indicated on a 4.0 scale
- C. Final school rank as of date of application (if applicable)
- D. Official SAT or ACT (or equivalent) test scores
- E. Resume indicating your participation in extracurricular school activities and/or community service
- F. 300-600 word essay
- G. High-resolution .jpeg file of your senior portrait



Email the above attachments in *one* email to AhepaChapter54@gmail.com no later than March 31st.

Chapter Endorsements (for Official Use only)			
Chapter President	Scholarship Chairman		
Signature	Signature		
Date	 Date		