Dear Scholarship Applicant,

We are pleased that you are applying for the Cathedral Philoptochos Scholarship.

Attached is an information sheet along with the application. Kindly read the eligibility requirements and complete the application. Please include your essay, any information that is pertinent to scholastic, extra-curricular, and any details that will support your application to help assist the Committee in its decision. All information is held in strict confidence.

Required papers must be submitted and postmarked on or before the due date of May 24, 2020. Applications received after this date will not be considered.

Recipients will be notified by mail. Dr. Calliope J. Galatis will mail the scholarship award.

If you have any questions please contact, Dr. Calliope J. Galatis at 617-417-4734.

The Ladies of the Philoptochos wish you the best in your future endeavors.

Sincerely,

Dr. Calliope J. Galatis
Chairperson

Kally Badavas
President

Annunciation Greek Orthodox Cathedral
of New England

Philoptochos Chapter #3014
“Evangelismos”

162 Goddard Avenue, Brookline, MA 02445
Telephone: 617-731-6631
CATHEDRAL LADIES PHILOPTOCHOS
“EVANGELISMOS” SCHOLARSHIP

Scholarship Application

FOR

Members in good standing of The Greek Cathedral of New England, for a minimum of two years prior to the time of application. (See attached information sheet for criteria) Scholarships are awarded based on: need, leadership qualities, community and citizenship activities as well as scholastic performance.

DEADLINE FOR APPLYING – MAY 24, 2020
(Applications received after this date will not be considered)
1. NAME OF SCHOLARSHIP
   Cathedral Ladies Philoptochos “Evangelismos” Scholarship

2. AMOUNT
   to be determined

3. ELIGIBILITY REQUIREMENTS
   a. Applicant and / or his / her parents must be members in good standing of the Greek Cathedral of New England at the time of application and for a minimum of two years prior to the time of application.
   b. At the time the scholarship is awarded, the recipient must be an accepted undergraduate or graduate student in an accredited college or university.
   c. Overall academic performance must be above average

4. APPLICATION REQUIREMENTS
   Applicant must submit:
   - Completed general application form
   - Official copy of current High School or College transcript
   - Include a one-page typewritten essay (attached to application) stating the student’s educational goal and reason why the applicant believes he/she is qualified to receive this scholarship. Please include academic achievements and financial need.
   - Submit the application and supplemental information by the due date indicated on the attached cover letter.

5. SEND APPLICATION TO:
   Greek Orthodox Philoptochos Society
   ATTN: Evangelismos Scholarship Committee
   162 Goddard Avenue
   Brookline, MA 02445

6. SCHOLARSHIP AWARD INFORMATION
   - All information will be kept confidential
   - The scholarship committee will contact recipients end of May.
   - Award money will be sent to you by July 1st.
   - A check will be issued directly to the student and sent to their home address.
GREEK ORTHODOX PHILOPTOCHOS SOCIETY
SCHOLARSHIP APPLICATION

Name: _____________________________ Tel. _____________________________

Address: _____________________________________________________________
(All correspondence and announcements will be sent to this address)

_____________________________________________________________________

Home Tel #___________________ Cell #_________________________ E:MAIL ___________________

School / Dorm Address (if available)________________________________________

Date of Birth: ___________________________ Place of Birth: ___________________________

Father’s Name: ___________________________ Occupation: ___________________________

Mother’s Name: ___________________________ Occupation: ___________________________

siblings

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<th>Name</th>
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Have you or any of your siblings received a Philoptochos Scholarship in the past?
_____________________________________________________________________
_____________________________________________________________________

Applicant School Information

Elementary __________________________ City __________ Dates ________________

High School_________________________ City __________ Dates ________________

G.P.A. (if available)________________________

College applicant w/b attending: __________________ City / State ________________

Anticipated Graduation Date_________________ Degree / Certificate ___________

G.P.A. (if available)________________________
Please give the name and address of the Principal or Guidance Counselor of your High School:
_______________________________________________________________
______________________________________________________________________

Extra-Curricular Activities:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Work Experience:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any financial aid, scholarships, or work – study you have been awarded or anticipate. Indicate source, amount and date. If you answered yes, please indicate specifics below.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How are you planning to meet your financial requirements beyond any awards?
________________________________________________________________________

Community

List Community Activities / Service you have participated in:
________________________________________________________________________
________________________________________________________________________

Church Activities:
________________________________________________________________________
________________________________________________________________________
Recreation/ Sports:

_________________________________________________________________________
_________________________________________________________________________

Scholastic Honors, other Honors or Prizes: (include awards and any recognition received)

_________________________________________________________________________
_________________________________________________________________________

**Please indicate your reasons for applying for this scholarship and why you feel you are deserving of any award. As indicated on the information sheet, please attach a one-page typewritten essay, as to why you feel you are qualified to receive this scholarship.**

THANK YOU FOR APPLYING TO THE CATHEDRAL LADIES PHILOPTOCHOS ‘EVANGELISMOS’ SCHOLARSHIP.

I hereby attest that the information on this application is complete and true to be best of my knowledge. I also understand that the decision of the scholarship committee is final.

Please Sign_____________________________________________________________

Please return this completed application together with a copy of your latest school transcript grades, no later than MAY 24, 2020.

MAIL APPLICATION AND OTHER DOCUMENTS TO:
Greek Orthodox Philoptochos Society
ATTN: Evangelismos Scholarship Committee
162 Goddard Avenue
Brookline, MA 02445