

**AHEPA-DOP FAMILY OF VENTURA COUNTY**

**2026 SCHOLARSHIP  
SCHOLARSHIP APPLICATION**  
(Must be typed or printed in ink.)

**APPLICANT INFORMATION**

1. Full Name \_\_\_\_\_  
(last) (first) (middle)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ U.S. Citizen Yes/No

3. Length of residency in Ventura County \_\_\_\_\_

**Note: If you answer “no” to both Questions 4 and 5, you are ineligible for the scholarship.**

4. Greek Descent? yes or no \_\_\_\_\_

If yes, please provide the name, relationship, address and telephone number of your ancestor:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

5. Related to a member of AHEPA or a Daughter of Penelope? Yes or No \_\_\_\_\_

If yes, please provide the name, relationship, address and telephone number of the AHEPAN or Daughter of Penelope

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

6. High School or post-secondary institution where currently enrolled: \_\_\_\_\_

Address: \_\_\_\_\_

If in high school, expected graduation date: \_\_\_\_\_

List recognitions or honors received in school or community (i.e., service clubs, religious organizations, etc.)  
Attach an extra sheet, if necessary.

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What career do you plan to pursue? \_\_\_\_\_

If you are a member of the AHEPA Family, (Order of AHEPA, Daughters of Penelope, Sons of Pericles, or Maid of Athena) please give the name and number of your chapter: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICANT ESSAY AND STATEMENT REQUIREMENTS

Write an essay of no more than 500 words describing yourself and your chosen field of study. State your reasons for choosing to continue your education. Include anything you feel the selection committee should know regarding your status as a student; as a member of your community (home, school, church); or as an individual pursuing a higher education.

Write a brief statement describing how Hellenic values and/or your Hellenic heritage have influenced your life.

Include your name on each sheet submitted. Typing your essay and statement is recommended.

### APPLICATION CHECKLIST

(Required items)

- Completed application.
- Essay and personal statement (see attached requirements).
- Transcript of academic grades from **current** high school, junior college, 4-year college or accredited vocational school, mailed to address below.
- Two instructor recommendations. Please ask two recent instructors to complete the attached recommendation forms.

**Important:** In order for your application to be considered, all pages of this application, personal essay, and both letters of recommendation must be **postmarked no later than May 1, 2026** and the transcript must be mailed along with the above or **emailed by the school no later than May 1, 2026 to [dopchapter94@gmail.com](mailto:dopchapter94@gmail.com)**

Mail all forms to:

For Male Applicants

**AHEPA Family Scholarship Attn: Gatsios Scholarship 5575 Santa Rosa Road Camarillo, CA 93012**

For Female Applicants

**AHEPA Family Scholarship Attn: Simitzi Scholarship 5575 Santa Rosa Road Camarillo, CA 93012**

# INSTRUCTOR RECOMMENDATION FORM (1)

Name of Applicant: \_\_\_\_\_

**Instructions: The AHEPA Family Scholarship will be awarded to individuals enrolled in a program of post-secondary education in a two- or four-year college or accredited vocational school for the 2026-2027 academic year. The recipient should have a good academic record and a commitment to completing a course of study.**

- Please rate the applicant in the following areas (circle one):

|                           | Low |   | High |   |   |
|---------------------------|-----|---|------|---|---|
| <b>Motivation</b>         | 1   | 2 | 3    | 4 | 5 |
| <b>Class Contribution</b> | 1   | 2 | 3    | 4 | 5 |
| <b>Responsibility</b>     | 1   | 2 | 3    | 4 | 5 |
| <b>Commitment</b>         | 1   | 2 | 3    | 4 | 5 |

- Please indicate how you know the applicant and provide your overall assessment of the applicant's seriousness of purpose and overall abilities:

School: \_\_\_\_\_

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #/Email: \_\_\_\_\_

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For Female Applicants

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## INSTRUCTOR RECOMMENDATION FORM (2)

Name of Applicant: \_\_\_\_\_

**Instructions: The AHEPA Family Scholarship will be awarded to individuals enrolled in a program of post-secondary education in a two- or four-year college or accredited vocational school for the 2026-2027 academic year. The recipient should have a good academic record and a commitment to completing a course of study.**

- Please rate the applicant in the following areas (circle one):

|                           | Low |   |   | High |   |
|---------------------------|-----|---|---|------|---|
| <b>Motivation</b>         | 1   | 2 | 3 | 4    | 5 |
| <b>Class Contribution</b> | 1   | 2 | 3 | 4    | 5 |
| <b>Responsibility</b>     | 1   | 2 | 3 | 4    | 5 |
| <b>Commitment</b>         | 1   | 2 | 3 | 4    | 5 |

- Please indicate how you know the applicant and provide your overall assessment of the applicant's seriousness of purpose and overall abilities:

School: \_\_\_\_\_

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #/Email: \_\_\_\_\_

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