

# AGIOS ATHANASIOS ASSOCIATION OF PERISTA

## 2017 SCHOLARSHIP APPLICATION

(Please type or print and attach additional paper if needed)

1. Name: \_\_\_\_\_ email: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone No: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

4. Name of the College or University you are currently attending:  
\_\_\_\_\_

5. Location

6. Undergraduate

7. Graduate

8. Post-Graduate

9. Field of Study: Major  
Minor

10. Current GPA \_\_\_\_\_ out of : \_\_\_\_\_

11. Class standing:

12. Parent's names

13. Place of Birth

I hereby acknowledge that I have read the "Eligibility Requirements" and state that I am eligible for consideration of a Scholarship Award.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date