

AGIOS ATHANASIOS ASSOCIATION OF PERISTA

2020 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