

# AGIOS ATHANASIOS ASSOCIATION OF PERISTA

## 2024 SCHOLARSHIP APPLICATION

(Please print information and attach additional paper if needed)

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

2. Email: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_

5. Place of Birth: \_\_\_\_\_

6. Name of College / University you are currently attending:

\_\_\_\_\_

7. Location: \_\_\_\_\_

8. Undergraduate / Graduate or Postgraduate: \_\_\_\_\_

9. Field of Study: Major \_\_\_\_\_

Minor \_\_\_\_\_

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

11. Parents Names: \_\_\_\_\_

12. Parents 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