

**AGIOS ATHANASIOS ASSOCIATION OF PERISTA
2027 SCHOLARSHIP APPLICATION**

Deadline: January 8, 2027

Review Eligibility Requirements. Attach additional pages as needed. If handwritten, please write legibly.

APPLICANT INFORMATION			
Full name			
Email			
Full address			
Preferred contact information	<i>Indicate cell or home number:</i>		
Permission to contact via text, if applicable	<i>Yes or No:</i>		
Place of birth			
EDUCATIONAL INFORMATION			
College/University currently attending			
Address (City/State)			
Level of study	<i>Indicate BA, BS, MA, MS, MBA, PhD, EdD. Add degree expected, if not listed here.</i>		
Expected graduation (Month/Year)			
FIELD OF STUDY			
Major			
Minor (if applicable)			
Current GPA		Out of:	Semester/Year:
FAMILY INFORMATION			
Parent(s') name(s) and Place of Birth			
Peristian Lineage (e.g. Last name(s) of your direct decedents from Perista)			

APPLICANT CERTIFICATION: I hereby acknowledge that I have read the **Eligibility Requirements** and certify that I am eligible for consideration for a Scholarship Award.

Applicant Signature: _____

Date: _____

FOR COMMITTEE USE ONLY – DO NOT WRITE BELOW THIS LINE		
Member		
Matriculation/Accreditation		
Transcript		Date received:
Personal Essay	1.	2.
Letter of Recommendation		
Resume		
Date Application Received		
Comments/Status		