

AGIOS ATHANASIOS ASSOCIATION OF PERISTA

2025 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