

2023

DAUGHTERS OF PENELOPE SYBILS CHAPTER #343

SCHOLARSHIP RULES AND APPLICATION

1. The Daughters of Penelope Sybils Chapter #343 will offer the Christine Samaras Memorial Scholarship to one (1) recipient. The Scholarship will be one award totaling \$500.
2. The applicant must be a high school graduate, an undergraduate at college level, attending a technical school, or enrolled in graduate school.
3. The applicant must be female, have either a current member, or the immediate family, or legal guardian (court approved) in the Daughters of Penelope, or the Order of AHEPA, or be a Maid of Athena, and a member of St. Demetrios Greek Orthodox church in good standing.
4. Endorsement is mandatory from the Daytona Beach Daughters of Penelope Chapter #343. [Please ask the Daughters of Penelope President, Joanne Kalabokes, the DoP V.P. Stacy Symeonides, the DoP Treasurer, Eleni Pitenis, the DoP Secretary, Lina Malisiova, or the DoP Scholarship Committee persons, Mary Denning, or Niki Christofidis to recommend you for this scholarship.]
5. The applicant must be single upon application.
6. The applicant must be a resident of Central Florida, Citrus District #2.
7. The applicant must submit a brief personal essay (300-600 words, typed, double-spaced, in English). Choice of topics:
 - (1) What is Hellenism and how does Hellenism impact present day society?
 - (2) How has the AHEPA family and the Greek Orthodox church influenced your goals, personal efforts, and/or educational experiences.
8. The applicant must be carrying a minimum un-weighted GPA of 3.0 in her high school or college.
9. The application must be signed by the principal or other administrative signature, a certified/notarized school stamp and a witness.
10. The scholarships will be awarded according to merit, without regards to other scholarships and financial aid the applicant may receive.
11. A previous winner may apply for future scholarships. Applicants are limited to two (2) Daughters of Penelope Christine Samaras Scholarship awards.
12. All information requested on the application must be completed or the application will be disqualified.

13. No items will be considered in the selection process other than those specifically requested in the application.
14. Application must be sent by certified return receipt mail, postmarked by May 1, 2023.
15. A sealed transcript must be submitted with each application.
16. The winners will be announced at the AHEPA memorial at St. Demetrios Greek Church on May 21, 2023 and will receive notification of their award by the Scholarship Committee Chairman. The Scholarship Committee Chairman shall also notify the applicants not receiving an award.
17. Recipients will receive their awards upon receipt of proof of registration to the Scholarship Committee Chairman. All grant monies award must be used strictly for tuition and/or books.
18. The current Daughters of Penelope President shall appoint the Chairman of the Scholarship Committee each year.
19. The Daughters of Penelope Sybils Chapter #343 Scholarship Rules cannot be altered, amended or revised without a majority vote at the Daughters of Penelope Scholarship Meeting.
20. Once submitted your application becomes the property of the Daughters of Penelope Sybils Chapter #343 and will not be returned.
21. Applicants only may inquire with the Scholarship Chairman regarding their application
22. Application, endorsements from chapter and school must be original.

Full Name: _____ Date of Birth: _____
 Home Address: _____ City: _____
 State: _____ Zip: _____ Telephone: _____

Wallet Size Recent Photo (Not returnable)

Parents (complete both columns):	FATHER	MOTHER
Name (Mother's maiden name):	_____	_____
Living (or date of death):	_____	_____
Occupation:	_____	_____
Name of Employer:	_____	

I hereby certify that I am single and qualified to apply for this scholarship: _____

Immediate family member(s), current, who belong to the AHEPA and/or Daughters of Penelope.

Please list name, relationship, complete address and name and number of chapter: _____

Are you a member of Maids of Athena? _____ A member of Daughters of Penelope? _____

Chapter Name and Number: _____

ENDORSEMENT BY DAUGHTERS OF PENELOPE:

_____ Chapter Number _____, hereby endorses the scholarship application of _____ as a candidate for Christine Samaras Memorial Scholarship.

Date: _____

Daughters of Penelope Officer or Scholarship Committee Person Signature

ACADEMIC RECORD

Name of applicant: _____

Name and address of high school or college you attend:

Date of graduation: _____

List any scholastic honors or distinction received in high school/college: _____

List extra-curricular activities and awards received for same:

College/University you expect to attend _____

When do you plan to attend accredited school: _____

For what profession or occupation are you preparing? _____

How much financial aid will you receive from:

Your family All _____ Some _____ None _____

Friends/other relatives All _____ Some _____ None _____

Scholarships/awards All _____ Some _____ None _____

Loans All _____ Some _____ None _____

Summer Vacation Job All _____ Some _____ None _____

List Other Scholarships:

Do you expect to earn money while attending college? _____ How? _____

Are others depended upon you for support while you are in college? _____

If so, give details:

Estimated cost of education:	Tuition	\$ _____
	Education Supplies	_____
	Room and Board	_____
	Etc.	_____
	Total Cost	\$ _____

The following is to be completed and signed by your principal, counselor and/or their designee and certified/notarized school stamp.

In regard to the foregoing application of _____

for a scholarship from the Daughters of Penelope, I (or we) have examined the statements and believe them to be reasonable and correct.

Date of graduation: _____ Course of Study: _____

Grade point average: _____ Class Rank: _____ Class Size: _____ SAT Score _____

Honors and Distinctions:

Summary of information and comments concerning the applicant's character, personality, creative ability, activities and interests:

Attach or mail a sealed transcript of high school or most recent college grades.

In behalf of _____

(High School or College)

I hereby recommend _____

(Name of Applicant)

as a candidate for a scholarship award of the Daughters of Penelope, Sybils Chapter #343

Date _____

(Signature)

(Title)

Certified/Notarized School Stamp

Date: _____ Witness: _____

Address: _____ Phone: _____

Return completed application to:

Daughters of Penelope Sybils Chapter #343

Scholarship Chairman, 2017

Mary Denning

27 Foxhunter Flat

Ormond Beach FL 32174-2436

Phone: (386) 290-4173