

# 2024 Application

## Chapter #260 (Chicago, Illinois), Order of Ahepa American Hellenic Educational Progressive Association

c/o Mr. Nicholas P. Bobis  
6557 Pine Lake Drive  
Tinley Park, Illinois 60477  
Telephone: 708-444-8462  
E-mail: bobis1944@gmail.com

Application for Scholarship Award

Deadline for entry: Wednesday, May 8, 2024

### Section I. Eligibility Requirements

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All applicants must:

A) Satisfy one of the following conditions :

- 1) Be a high school senior who is graduating in 2024 or has graduated in 2024 and is pursuing or will pursue a post-secondary education by attending a vocational, trade or technical school, or a college or university, OR
- 2) Be an undergraduate student who is currently enrolled in a post-secondary course of education by attending a vocational, trade or technical school, or a college or university.

B) Satisfy one of the following conditions:

- 1) Must be a current or former participant in the Junior Olympics, OR
- 2) The applicant, or a parent of the applicant, must be a member in good standing of the 13th District (Illinois and Wisconsin) Ahepa family (Order of Ahepa, Daughters of Penelope, Sons of Pericles or Maids of Athena), OR
- 3) The applicant, or a parent of the applicant, must be a member in good standing of a Greek Orthodox Parish within the Metropolis of Chicago (please contact your parish priest for this determination). AND

C) Complete, sign and return the personal information portion of this application (Sections II-IX) to Mr. Nicholas P. Bobis, whose address appears above, by the **deadline date of Wednesday, May 8, 2024**

In order for an application to be considered complete, it must be received by Mr. Nicholas P. Bobis, whose address appears above, by the **deadline date of Wednesday, May 8, 2024** and must include or be accompanied by:

- A) Completed and signed personal information portion of this application (Sections II-IX), AND205 trade or technical school(s), college(s) or university(ies), AND
- B) A certified copy of the results on either the ACT test or the SAT test. (Not required if noted on official transcript.), AND
- C) Two (2) completed Recommendation Forms (Section VIII). These forms are to be submitted separately by the individuals who have known the applicant for at least one (1) year and are making the recommendation. The Recommendation Forms are to be sent directly to the address that appears on the forms, by the individuals who are making the recommendations on behalf of the applicant. It is the applicant's responsibility to assure that the individuals selected to make the recommendations submit the required forms to Mr. Nicholas P. Bobis, whose address appears on the Recommendation Forms, **by the deadline date of Wednesday, May 8, 2024** .

In the past and going forward the Scholarship has been awarded to a worthy student with demonstrated financial need. Accordingly, to reflect a financial need, please use Section VI (Impact Statement) and Section VII (Financial Disclosure) of the application to explain your financial needs, financial obligations and special or extenuating circumstances, as well as any financial aid packages that are being awarded to you.

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Peter J. Economos Memorial Scholarship Chapter

260 (Chicago, Illinois), Order of Ahepa

SCHOLARSHIP APPLICATION

Section II. Student Information

Name Telephone E-mail address

Street Address City, State, Zip Code

Name of Parent or Parents

1. I am currently a: ( ) High School Senior ( ) Vocational, Trade or Technical School, College or University Undergraduate.

2. Name of Vocational, Trade or Technical School, College or University I am attending or will attend this Fall (If uncertain, list the two most probable):

1st 2nd

Are you a current or former participant in the Junior Olympics? Yes ( ) No ( )

Are you or either of your parents members of the 13th District (Illinois and Wisconsin) Ahepa family? Yes ( ) No ( )

4a. If "YES", which Order?

( ) Ahepa ( ) Daughters of Penelope ( ) Sons of Pericles ( ) Maids of Athena

Chapter Name & No. City and State

5. Are either you or your parents members in good standing of a Greek Orthodox Parish within the Metropolis of Chicago? Yes ( ) No ( )

5a. If "YES", which Greek Orthodox Parish?

Parish Name City, State

5b. If "YES", please submit a letter of "Good Standing" from your parish priest.

**Section III. Academic Information**

High School Seniors Only:

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Attach a certified copy of your high school grades/ (including ACT test or SAT test results, if available), as instructed in Section I. Note if you are in College or post high school Vocational School only your university or college or vocational transcript required but you may provide if you wish.

Vocational, Trade or Technical School, College or University Undergraduate Students Only:

Vocational, Trade or Technical School, College or University in which you are currently enrolled: \_\_\_\_\_

City, State: \_\_\_\_\_ From (month and year): \_\_\_\_\_ to: \_\_\_\_\_

Name(s) of other vocational, trade or technical school(s), college(s) or university(ies) in which you were previously enrolled (including City and State): \_\_\_\_\_

From (month and year): \_\_\_\_\_ to (month and year): \_\_\_\_\_

Attach a certified copy of your high school and undergraduate grades/transcripts, as instructed in Section I (not applicable to enrolled College or Post High School Vocational Students).

**Section IV. Significant Activities**

You may include the following information: Leadership skills; scholastic honors and awards; clubs and organizations; Boy or Girl Scouts; charitable endeavors; community or parish involvement; and Junior Olympic participation, coaching or staffing. If employed outside of school hours, describe your duties and indicate your average weekly hours worked. (Use additional sheets if necessary)

High School, Vocational, Trade or Technical School, College or University Activities: \_\_\_\_\_

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Junior Olympics Program Involvement (include years and events in which you participated):

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Civic, Community and Parish Activities and Involvement: \_\_\_\_\_

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2. College expenses for year of application: Tuition \$ \_\_\_\_\_

Room/Board \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

3. Money available for college expenses: Parents \$ \_\_\_\_\_ Work \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

4. Parents Occupations: Father \_\_\_\_\_

Mother \_\_\_\_\_

5. Will you be employed while at school? \_\_\_\_\_

6. Will you work this summer? \_\_\_\_\_

7. Current Scholarships Received for 2024-2024 School Year (name & Amount) ? \_\_\_\_\_

8. 2024 – 2025 Scholarships Applied for (name & amount) ? \_\_\_\_\_

**Section VIII. Recommendations**

Use the attached Recommendation Forms (2) to obtain recommendations from individuals who have known you for at least one (1) year and can provide the Scholarship Selection Committee with a frank appraisal and objective insight into your qualifications, character, abilities and future prospects. You can include parish priests, educators and counselors, supervisors at your place of employment, community and civic leaders, individuals familiar with your charitable endeavors, etc.

**Section IX. Acknowledgement and Signature**

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: \_\_\_\_\_

I hereby acknowledge that I have read the eligibility requirements and state that the financial representations in Section VII above are true and accurate in all material respects, and I know of no facts that would render the Applicant ineligible.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



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**Recommendation Form**

**Please respond by: Wednesday, May 8, 2024**

**This Recommendation Form must be completed by an individual who has known the applicant for at least one year.**

The individual named below has applied for a scholarship. The Scholarship Selection Committee wishes a frank appraisal of the applicant's qualifications. The individual's demonstrated abilities, scholarship, character and other pertinent facts are welcome evidence. Please feel free to address how long you have known the applicant and in what capacity; the applicant's enthusiasm for learning; academic achievement; sense of responsibility; positive attitude; sense of humor; organizational skills; leadership; and acceptance of supervision. The appraisal is confidential and will not be seen by the candidate. If necessary, please use a separate sheet for your appraisal. Completed Recommendation Forms must be received by the deadline date of **Wednesday, May 8, 2024** Please submit your response to Mr. Nicholas P. Bobis, whose address appears above.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_