



2024 Application & Instruction Information Sheet High School Applicants

Daughters of Penelope - Elis Chapter 89, Reno, Nevada

Deadline: May 15, 2024

The Daughters of Penelope, Elis Chapter 89 Scholarship (DOP 89) is awarded each year for post-secondary education; and it is awarded to high school seniors.

(A) ELIGIBILITY REQUIREMENTS:

1. A parent, grandparent, or legal guardian in the AHEPA-Daughters of Penelope (DOP) family, in good standing may sponsor the applicant to include deceased lifetime members who were reasonably active at the time of passing.
2. The applicant must be a child or grandchild of the sponsor.
3. To be in good standing, the sponsor will have paid their dues for the two years (prior and current year) and attended at least 4 meetings in the current year (by the application deadline), as verified by the Chapter Secretary or Treasurer upon sponsoring the applicant. Candidates who were members of another AHEPA or Daughters of Penelope chapter and who have joined the Reno chapter will be considered under the same criteria.
4. To receive funds, the applicant must provide evidence of acceptance in the post-secondary program in a university, community college, or technical college or trade school attending.
5. Application must be completed as per the instructions.

(B) CRITERIA USED FOR JUDGING THE APPLICANTS

Each **correctly completed** scholarship application is eligible based on the criteria below:

1. Academic achievement
2. Leadership and service in the community, school, or church
3. Strength of essay

(C) INSTRUCTIONS TO APPLICANTS:

1. Complete and mail the completed application package.
Mail to the Scholarship Chairperson **POSTMARKED no later than the above due date**. Please send the completed application to the address below. Mailing by certified mail is recommended for your own records.

Mail to:
DOP 89 Scholarship Committee
P.O. Box 21533
Reno, NV 89515

2. **ALL RESPONSES ON THE APPLICATION FORM SHALL BE PRINTED IN INK OR TYPED ON THE ORIGINAL FORM PROVIDED. Please do not alter the form.**

3. Application Submittal Checklist:
 - **SCHOLARSHIP APPLICATION FORM-Fully Completed**
 - **OFFICIAL HIGH SCHOOL TRANSCRIPT in a SEALED envelope:**
 - **3 WRITTEN RECOMMENDATION LETTER -- ONE FROM EACH CATEGORY BELOW FROM TEACHER, ADMINISTRATOR OR COACH**
 - FROM A COMMUNITY MEMBER (NOT A PRIEST) - i.e. organizations, volunteer work, workplace, etc.
 - FROM AN OUTSIDE SOURCE (NOT A RELATIVE) i.e. neighbors, friends
- Note: Letters must be HAND SIGNED and in a SEALED envelope. EMAILS ARE NOT ACCEPTABLE.**

DISBURSEMENT OF FUNDS

It is the responsibility of the award recipient to provide the Scholarship Committee with written evidence of a minimum of 6 units or part-time enrollment in advance of the **due date for tuition payment**.

FAILURE TO PROVIDE PROOF OF ENROLLMENT BY THAT DATE WILL RESULT IN FORFEITURE OF THE AWARD.

Each award will be disbursed in mid-September of the school year and will be awarded only for the current academic school year. The award cannot be deferred. The funds will be disbursed directly to the institution of higher education that the recipient plans to attend.

In the event the recipient loses eligibility prior to disbursement of the award, the award will be granted to the next runner up.

FINAL DECISION

Only the recipient will be notified by August 15

The Scholarship Committee reserves the right to make the final decision on the award recipient as per the DOP 89 Scholarship Guild lines.

2024 Scholarship Application Form for High School Seniors

Applicant's Name:

_____ Telephone: _____

Address: _____ City _____ State _____ Zip Code _____

Fill in the **Sponsor's name** (parent, grandparent, or guardian) who is a member of the Daughters of Penelope or AHEPA.

Sponsor Name: _____ Relationship: _____

Contact: _____ (Phone # and/or Email)

What is your planned major field of study, and in what subject area?

What institution do you plan to attend (university/college/trade/technical school)?

What degree, diploma or certificate do you plan to obtain? (i.e. AA, A,BS) _____

When do you plan to enroll? Start Date of Classes? _____

List any jobs you may have had during the past two years. Start with the most recent position. If more than two, provide same details on a separate sheet.

Employer: _____ Supervisor: _____ Telephone No: _____ Job Title: _____ Hrs. Worked per Week _____ Dates of Employment _____ _____	Job Description: _____ _____ _____ _____ _____ _____ _____ _____
Employer: _____ Supervisor: _____ Telephone No: _____ Job Title: _____ Hrs. Worked per Week _____ Dates of Employment _____ _____	Job Description: _____ _____ _____ _____ _____ _____ _____ _____

What is your cumulative GPA to date? _____

List any honors and awards you have achieved during high school.

List any extra-curricular activities in which you participated (School activities, community service, church, volunteering to include DOP/AHEPA events, etc.).
Explain your involvement.

List individuals from whom you have obtained letters of recommendation (**3 letters in total**). **Submit them in your packet in their original SEALED envelopes.**

- ONE recommendation from a faculty member, administrator, or coach, etc.
- ONE from a community source, i.e. volunteer organization, workplace
- ONE from an outside source (not a relative). i.e. friend, someone who knows you well

Name: _____ Position _____ Contact _____ (Ph# or email)

Name: _____ Position _____ Contact _____ (Ph# or email)

Name: _____ Position _____ Contact _____ (Ph# or email)

Sign and Date this application:

Signature _____ Date _____

Below verification completed by DOP 89 officer:

____ Sponsor has paid dues for the prior and current DOP year (July thru August)

____ Sponsor has attended at least 4 eligible meetings/events in the current DOP year (prior to application deadline)

Verifier's Name

Verifier's Position

Signature

