



Υποτροφία Πανεπιστημίου Κρήτης για την Ελληνική Κοινότητα

Πανεπιστήμιο Κρήτης

P.O. Box 1169, Grand Central Station, New York, NY 10163-1169

Undergraduate Scholarship Application for the 2023-2024 Academic Year

**ΕΠΙΧΕΙΡΗΣΙΑΚΟ ΠΡΟΓΡΑΜΜΑ ΣΥΝΕΡΓΑΣΙΑΣ ΜΕΤΑΒΙΟΤΕΧΝΙΑΣ
ΕΠΙΧΕΙΡΗΣΙΑΚΟ ΠΡΟΓΡΑΜΜΑ ΣΥΝΕΡΓΑΣΙΑΣ ΜΕΤΑΒΙΟΤΕΧΝΙΑΣ**

1. I am a U.S. citizen or U.S. permanent resident. Yes No
2. I am of Hellenic descent. Yes No
3. I will be graduating from high school in the Spring of 2023 Yes No
4. I have a cumulative average of at least 90% (or 3.5 GPA) or am in top 10% of my class Yes No
5. I am able to demonstrate financial need Yes No

A) PERSONAL INFORMATION:

Name:

Last

First

Middle

Permanent address & contact information:

Address

City

State

Zip code

Telephone number

Mobile number

Email address

Present address (fill out only if different from permanent address):

Address

City

State

Zip Code

Telephone number

Residency Status: U.S. Citizen U.S. Permanent Resident (Number)

Please document your line of Greek descent – provide names and relation to you.

Are you or your family members of a Greek Orthodox parish? Yes No

If yes, please state church name and full address:

Your answer will not affect your eligibility for Award.

Are you currently employed: Yes No

Present (or most recent employer):

Dates of employment:

Describe Responsibilities:

Hours/week:

How did you learn about the scholarship program?

B) PARENT / GUARDIAN INFORMATION:

Father's information:

Father's Full Name

Address

City

State

Zip Code

Occupation

Employer's Name

Father's marital status: Single Married Divorced or separated Widowed

Mother's information:

Mother's Full Name

Address

City

State

Zip code

Occupation

Employer's Name

Mother's marital status: Single Married Divorced or separated Widowed

Guardian's information (if other than your parents):

Name of guardian

Address

City

State

Zip code

Occupation

Employer's Name

Guardian's marital status: Single Married Divorced or Separated Widowed

List any other members of your household who are dependents of your parents/guardian:

Name

Age

Relation to you

1.

2.

3.

4.

5.

6.

Currently attending college? Which?

1.

2.

3.

4.

C) EDUCATION INFORMATION:

List all high schools attended:

<i>School</i>	<i>Address</i>	<i>Years of attendance</i>
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Contact information for your guidance counselor or academic advisor:

Name

Work address

City

State

Zip code

Telephone Number (incl. extension)

Email address

All official high school transcripts must be electronically sent directly to the Organization (hucnyc@gmail.com) from the issuing academic institutions no later than the deadline. SAT and/or ACT scores are optional this year, but if you decide to submit them as part of your application, please email a scanned copy of the score report(s) to hucnyc@gmail.com.

List the colleges/universities to which you have been accepted. Indicate the institution you will attend:

<i>College/University</i>	<i>Location (City/State)</i>	<i>Will attend? (Yes/No/Don't Know)</i>
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1.

2.

3.

4.

5.

6.

What course of study do you intend to pursue?

List academic honors and other scholastic recognition or awards you have received.

List your principal extracurricular and community activities. Include major accomplishments and/or leadership positions.

D) ESSAY:

Provide an essay (700 words maximum in PDF format) that addresses the following topic:

What does your Greek American heritage mean to you and how do your Hellenic roots inform your values and future goals?

E) FINANCIAL INFORMATION:

Provide your 2023-2024 FAFSA Student Aid Report (SAR) in PDF format. Redact all social security numbers.

List all scholarship awards or other financial assistance you have received or expect to receive during the school year for which you are applying.

<i>Description</i>	<i>Source</i>	<i>Inclusive dates</i>	<i>Amount</i>
1.			
2.			
3.			
4.			
5.			

F) RECOMMENDATIONS:

Contact information for the person providing your first recommendation letter:

Name

Title

Work address

City

State

Zip code

Telephone Number (incl. extension)

Email Address

Contact information for the person providing your second recommendation letter:

Name

Title

Work address

City

State

Zip code

Telephone number (incl. extension)

Email address

G) PLEDGE OF AUTHENTICITY, AGREEMENT AND CONSENT:

If you are under the age of 18 at the time of this application, you must have a parent/guardian sign the statement below.

By my/our electronic signature on this form I/we pledge that:

- The statements made throughout this Undergraduate Scholarship application are truthful to the best of my/our knowledge.
- The essay accompanying this application is the applicant's own work, although it may have been reviewed by parents, teachers or other advocates. Plagiarism will result in immediate disqualification.
- All of the financial information I/we have provided is complete and accurate.

By my/our electronic signature on this form I/we understand and agree that:

- The information submitted in this application will be reviewed by the Organization's Scholarship Committee for the purposes of selection.
- During the selection process, the Scholarship Committee reviewers may contact school officials to confirm information provided by the applicant.
- All financial information is subject to verification by the Organization. If requested, additional information and other documents will be provided.
- It is my responsibility to ensure that all required documentation that is sent in support of this application, such as reference letters, recommendation letters and transcripts, have been received by the Scholarship Committee.
- If the Scholarship Committee finds information provided in this application to be false or inaccurate, it is sufficient cause for disqualification.
- The Undergraduate Scholarship Application, including but not limited to eligibility requirements and obligations, is subject to change at the discretion of the Organization.
- The Organization may demand return of the scholarship award in the event the funds are not used for educational purposes as stated in this document or the student discontinues his/her undergraduate studies at an accredited university in the U.S.
- Selection of the award recipients is made by the Scholarship Committee and its decision is final.
- Availability of scholarship funds is subject to change at the sole discretion of the Organization.

By my/our electronic signature on this form:

- I, the undersigned student, irrevocably give the Organization the right to (1) share all personal and scholastic achievements that I have provided with this application and (2) publicize my being a recipient – using my name and photograph – for media or other form of release.
- I hereby authorize access to, and release of, information to the Organization, regarding my application, such as academic records and/or financial records necessary to verify my eligibility for scholarship consideration.
- If I am selected as a Hellenic University Club Scholarship Award Recipient, I will, upon the Organization's request, sign any additional releases, as applicable.
- If I am selected as a Hellenic University Club Scholarship Award Recipient, I will offer my support to the Organization to achieve its mission upon graduating from an accredited college/university.

By selecting the "I Accept" button, you are signing this application electronically. You agree your electronic signature is the legal equivalent as if you signed in ink your manual signature on this Application. By selecting "I Accept", you consent and agree to the terms outlined in Section G.

By selecting the "I Accept" button, you specifically agree to submit any and all Scholarship Application required documents and information electronically.

I ACCEPT

Type Name

Today's Date