



**DAUGHTERS OF PENELOPE
KELLI STATHEROS RE-ENTRY SCHOLARSHIP
PRESENTED BY
THE DISTRICT 11 BUCKEYE SCHOLARSHIP FOUNDATION**

INSTRUCTIONS FOR FILING APPLICATION

This scholarship fund was established by the District Daughters of Penelope in 1987 to be awarded to a member of the Daughters of Penelope who chooses to re-enter the workforce. She must be entering an accredited college, vocational college or university for training needed to enter the field of her choice. The Daughter of Penelope who applies for this scholarship must have been a paid member of an active Daughters of Penelope chapter for two years plus the current year.

All information requested must be provided and all forms requiring signatures must be signed.

All forms and information submitted are confidential and non-returnable.

All requested material must be submitted prior to the application deadline.

Incomplete applications will not be considered – be sure all requested information is supplied. If it is not, application will be returned.

Applications and related material must be postmarked no later than April 15 and should be mailed to:

AHEPA Buckeye Scholarship Foundation
25590 West County Line Road
Sunman, IN 47041

RULES GOVERNING SELECTION OF AWARDEE

1. Applicant must be a paid active member of an active Daughters of Penelope chapter, whose dues are paid for 2 years plus the current year (3 consecutive years).
2. Applicant must have been accepted for admission to an accredited college, vocational college or university for the current year.
3. Scholarships for the current year will be payable to the accredited college, vocational college or university in which the recipient is enrolled. Requests to send scholarship awards to the individual will be considered on an individual basis.
4. Money may be used for tuition, books, lab fees or other related school expenses.
5. If the recipient does not enroll or does not complete the first semester or quarter of the current year, the scholarship money must be refunded to the AHEPA Buckeye Scholarship Foundation.

INCOME LEVEL:

(Please indicate adjusted gross income as shown on Form 1040, Line 31.) If financial need is claimed, a current Form 1040 must be submitted along with the application.

_____ Below \$50,000

_____ \$50,000 - \$80,000

_____ Over \$100,000

EDUCATIONAL EXPERIENCES:

High School:

Name _____ City _____ State _____

Date Graduated _____

I hereby apply for financial assistance in the form of a Scholarship to assist me to attend a College/University of my own choice during the academic year _____. The forgoing statements are true to the best of my knowledge and belief.

Signature _____ Date _____

If I am awarded the Kelli Statheros Re-Entry Scholarship, I will be attending:

Name of College/University

Address

KELLI STATHEROS RE-ENTRY SCHOLARSHIP

VERIFICATION ELIGIBILITY

The member verification section of this form must be completed by the appropriate chapter officer and filed with the application and other related material.

Daughters of Penelope

I verify that:

Applicant _____ **Membership #** _____

has been a member in good standing of the _____, _____
Chapter **Number**

located in _____
City **State**

for 3 consecutive years (2 years + current year).

Signed: _____
Secretary **Date**