#### SAINT NICHOLAS GREEK ORTHODOX CHURCH 520 SOUTH PONCA STREET BALTIMORE, MARYLAND 21224

#### 2019 Application for the Koutsonouris Scholarship Program

Any student whose family is a member in good standing with the Saint Nicholas Greek Orthodox Church, 520 South Ponca Street, Baltimore, MD 21224, and is a high school senior continuing his/her education at either a 4-year or 2-year college will be eligible to apply for this award. Please provide an official copy of the acceptance letter with the Registrar seal of the university or college in a sealed envelope.

The Saint Nicholas Greek Orthodox Church will award the scholarship from the Koutsonouris Memorial Scholarship Program to a student of the Saint Nicholas Community. The following criteria will be used in selecting the winner:

- 1. Financial need
- 2. Good character
- 3. Academics
- 4. Leadership in Schools
- 5. Service to our church community

The following items must be enclosed in one envelope in order for the application to be processed and accepted:

- 1. Fully completed application
- 2. Official copy of the most recent high school or college transcripts
- 3. Recent photograph of the candidate
- 4. Short essay no longer than 300 words explaining your plan of study, ambition, and career goals.
- 5. Document proving that you are of Greek descent.

Completed applications are due in the Saint Nicholas Church office no later than Sunday, April 14, 2019. The recipient will be notified and expected to be present in church to receive the award on Sunday, May 19, 2019. Each recipient is eligible to receive this scholarship only one time.

Thank you!

Tina Harris

Scholarship Chairperson

Saint Nicholas Greek Orthodox Church

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Attach recent photograph and	two letters of reference			
1. Name of Applicant:			Sex:	
2. Home Address:				
Phone #:				
3. Birthdate:	Bir	thplace:		
4. Member in Good Standing a	at St. Nicholas Greek Ortho	odox Church:	Yes	No
5. Fathers' or Guardian's Nam	e:			
Addr	ess:		and the second s	
6. Mothers' Name or Guardian	n' Name:	•		
Addr	ess:			
7. Name and dates of High Sch	nool ( s) attended:			
	NAME		DATE	
( If more space is requ	uired, please list on back o	f this page)		
8. List any high school activities	es:		<del>/</del>	<u> </u>
	MI MI			

9. List the activities in which you have participated in each category. Please give the area of responsibility that you held.

CHURCH	RESPONSIBILITY
a	a
b	b
c	c
d	d
COMMUNITY	RESPONSIBILITY
a	a. ·
b	b
c	c
d	d
	the past three years.
<ul><li>11. Approximate rank in your high school graduation</li><li>12. Name of college or university to which have been</li></ul>	en accepted:
13. Course Preference. State course in which you have	ave been accepted:

14. What are your vocational objectives: 1st Choice: 2nd Choice: 3rd Choice: 15. Do you have sufficient funds to pay the cost of your college tuition?\_\_\_\_\_ 16. Can or will your parents help pay your college expenses? **Financial Statement:** All information is confidential and will only be reviewed by the Saint Nicholas Scholarship Committee. A. Estimate expenses for the next year: I. Tuition 2. Books 3. Room and Board (If applicable) 4. Transportation 5. Other Expenses TOTAL: B. Estimate your resources for the next year: 1. Family help 2. Employment 3. Personal Savings 4. Loans 5. Grants 6. Other TOTAL: 17. Have you received a scholarship for this year?\_ (If, Yes) Amount of Scholarship:\_\_\_\_\_\_ Name of Organization:\_\_\_\_\_

18. In your opinion, what are the special facts, which you would like the comm	
connection with your case. Please explain. If more room is needed, please use	other side.
All information given in this application is correct to the best of my knowledge.	
Signed this Day of	_, 2016
Applicants Signature:	
Parents or Guardians Signature:	
Print Name(s):	

This section is to be filled in by the Principal or Guidance Councilor. If you are attending an institution of higher education, please enclose a copy of your latest school transcripts in addition to the high school record.

1. Student's Name:				
Last	First	Middle		
2. Student's Address:				
City:	State:	Zip:		
3. Name of School:				
Address:				
4. Number in Graduation Class:	Applicant's Numerical F	Applicant's Numerical Rank:		
5. Scholarship Record (If you prefer to send	l your own forms or photo static co	opy, please attach to this		
sheet) Attachment:				
20to 20Yr School:				
20to 20Yr School:				
20to 20YrSchool:	and the second s			
20to 20 Yr School:				
<ul><li>a. Above average:</li></ul>	rs (Music, Art, Writing etc.)			
7. Remarks, outstanding activities and achi	evements:			
8. Date applicant graduated or will graduate 9. Letters of recommendation must come				
Principal or Counselor's Signature:		Date:		
Please print name :				
Contact number:		and the second s		