

Saint Nicholas Greek Orthodox Church
520 South Ponca Street
Baltimore, Maryland 21224
Koutsonouris Memorial Scholarship
ANNUAL SCHOLARSHIP APPLICATION

Attach recent photograph and two letters of reference

1. Name of Applicant: _____ Sex: _____

2. Home Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ (Day) _____ (Evening) _____ (Cell) _____

3. Birthdate: _____ Birthplace: _____

4. Member in Good Standing at St. Nicholas Greek Orthodox Church: _____ Yes _____ No

5. Fathers' or Guardian's Name: _____

Address: _____

6. Mothers' Name or Guardian' Name: _____

Address: _____

7. Name and dates of High School (s) attended:

NAME	DATE
_____	_____
_____	_____
_____	_____
_____	_____

(If more space is required, please list on back of this page)

8. List any high school activities: _____

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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. _____

10. List any special honors or achievements during the past three years.

11. Approximate rank in your high school graduation class. (If Available) _____

12. Name of college or university to which have been accepted: _____

13. Course Preference. State course in which you have been accepted: _____

14. What are your vocational objectives:

1st Choice: _____

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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:

1. 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 committee to consider in connection with your case. Please explain. If more room is needed, please use other side.

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All information given in this application is correct to the best of my knowledge.

Signed this _____ Day of _____, 20__

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: _____

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City: _____ State: _____ Zip: _____

3. Name of School: _____

Address: _____

4. Number in Graduation Class: _____ Applicant's Numerical Rank: _____

5. Scholarship Record (If you prefer to send your own forms or photo static copy, please attach to this sheet) Attachment: _____

20__ to 20__ Yr__ School: _____

20__ to 20__ Yr__ School: _____

20__ to 20__ Yr__ School: _____

20__ to 20__ Yr__ School: _____

6. Test Results: General Aptitude for college level achievements:

a. Above average: _____ Average: _____ Below Average: _____

b. Strong Subject Matter Areas: _____

c. Weak Subject Matter Areas: _____

d. Special talents and achievements (Music, Art, Writing etc.) _____

7. Remarks, outstanding activities and achievements: _____

8. Date applicant graduated or will graduate: _____

9. Letters of recommendation must come sealed with packet.

Principal or Counselor's Signature: _____ Date: _____

Please print name : _____

Contact number: _____