2024 SCHOLARSHIP APPLICATION

Academic Year 2024-2025

Eligible Candidates are High School Seniors and College Undergraduate Students
Spring 2024

Application Requirements

Applicants or their immediate families must be members in good standing of the Taxiarchae/Archangels Greek Orthodox Church in Watertown, MA. as of December 31, 2023.

Eligible applicants must be: a) graduating High School students who have been accepted to a College, University or Professional School; b) Undergraduate College students entering their Sophomore, Junior or Senior year are also eligible to apply.

Applicants must indicate if they have previously received a scholarship from the Taxiarchae Church.

Applicants must be available to meet and interview with the Scholarship Committee if necessary. Interviews may be conducted via phone under extenuating circumstances. Interviews will be conducted within two weeks of the scholarship award date. The Committee will notify scholarship recipients of its decision by June 26, 2024.

Applicants will be considered on the following basis:
   a. Academic achievements (transcripts to be provided)
   b. Financial need
   c. Participation in Church ministries
   d. Extracurricular and community activities
   e. Letters of recommendation
   f. The interview (if necessary)
   g. Applicants who have not previously been awarded a scholarship will have a slight advantage over previous recipients
Application Instructions

In order to be considered for this scholarship, the applicant must submit the following forms by **Friday May 31, 2024 without exception** to the Taxiarchae Church office – **Attention: Scholarship Committee**. Emailing completed forms to **ckarageorgis@goarchangels.com** is acceptable. It is the responsibility of the applicant to make sure that all forms are received directly by the Scholarship Committee before the application deadline.

1. Completed Application
2. Most recent school transcript or scholastic performance record from the candidate’s current school
3. Two letters of recommendation that address the candidate’s character and academic potential. These recommendations may be from teachers, coaches, priests, etc. They cannot be from relatives of the candidate. If an applicant has previously submitted an application, recommendations must be from a different person than a previous application.
SCHOLARSHIP APPLICATION

Last Name: ______________________  First Name: ______________

Street Address: _____________________________________________

City/Town: _________________  Zip Code: _______  Phone: __________

Email Address: ______________________________________________

Current School: _____________________________________________

School Address: ______________________________________________

School Phone: _______________  School Advisor: __________________

School Activities:

1. Name of Organization/Sport: ______________________________

   Positions Held: _________________________________________

   Personal Involvement (Include Dates): ______________________

2. Name of Organization/Sport: ______________________________

   Positions Held: _________________________________________

   Personal Involvement (Include Dates): ______________________

Add additional activities as required.
Church/Community/Volunteer Activities:

1. Name of Organization: _________________________________
   Personal Involvement (Include Dates): ____________________
   _____________________________________________________

2. Name of Organization: _________________________________
   Personal Involvement (Include Dates): ____________________
   _____________________________________________________

3. Name of Organization: _________________________________
   Personal Involvement (Include Dates): ____________________
   _____________________________________________________

4. Name of Organization: _________________________________
   Personal Involvement (Include Dates): ____________________
   _____________________________________________________

Add additional activities as required.
**Work History**

1. **Employer’s Name:** ____________________________________
   
   **Position Held:** ________________________________________
   
   **Dates of Employment:** _________________________________

2. **Employer’s Name:** ____________________________________
   
   **Position Held:** ________________________________________
   
   **Dates of Employment:** _________________________________

3. **Employer’s Name:** ____________________________________
   
   **Position Held:** ________________________________________
   
   **Dates of Employment:** _________________________________

4. **Employer’s Name:** ____________________________________
   
   **Position Held:** ________________________________________
   
   **Dates of Employment:** _________________________________
Family Information

Father’s Name:
(Last) ______________________________ (First) __________________
Street Address: _______________________________________________
City/Town and Zip Code: _______________________________________
Phone: ______________________________________________________
Occupation: _________________________________________________

Mother’s Name:
(Last) ______________________________ (First) __________________
Street Address: _______________________________________________
City/Town and Zip Code: _______________________________________
Phone: ______________________________________________________
Occupation: _________________________________________________

Siblings:
Name: _____________ Age: _____ Current School: ________________
Name: _____________ Age: _____ Current School: ________________
High School Students:

College or Professional School you will be attending in the Fall along with your major:

__________________________________________________________

Tuition: ___________________________________________________

Room and Board: ____________________________________________

Will you be receiving financial aid?  Yes ____  No ____

Please list amounts and sources of all financial aid, including family support:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
Undergraduate College Students:

Name of College or University for 2024-2025:

__________________________________________________________

Program of Study:

__________________________________________________________

Current year/level: __________________________________________

Tuition: ___________________________________________________

Room and Board: ___________________________________________

Please list amounts and sources of all financial aid, including family support:

________________________________________________________________

________________________________________________________________

________________________________________________________________

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________________________________________________________________
Please answer the following questions in essay form.
(Answers may be added to the end of this application or separately)

**High School Students**

1. What event, person or experience had the greatest influence in deciding your choice of career goals?
2. What role has the Orthodox Faith played in your life experience?
3. How have you influenced others to pursue higher academic or career goals?

**Undergraduate College Students**

1. What are the difficulties of combining your College life with your Orthodox Faith and how are you dealing with them?
2. Have your career goals changed at all as a result of attending College? Discuss what has influenced you to change or keep your career goals the same.
3. Which College professor has provided the best guidance for your College career and how?

_I hereby certify that all information on and included with this application is true and accurate._

Signature: __________________________________________ Date: ____________