



ORDER OF AHEPA – DAUGHTERS OF PENELOPE
Arkansas, Kansas, Louisiana, Missouri, Oklahoma, Texas



DELTA DISTRICT 16 SCHOLARSHIP APPLICATION

Revised January 2020

Having read and being qualified under the requirements of eligibility and procedures contained on the Ahepa District 16 website (www.ahepad16.org), I submit my application.

ALL INFORMATION REQUIRED ON THIS APPLICATION MUST BE TYPED.

The application deadline is stated on the website www.ahepad16.org under the Scholarship tab.

Completed application and all communication must be submitted via email to ahepad16scholarship@aol.com

Name: _____

Address: _____

Cell Phone Number: _____ Date of birth: _____

E-mail address: _____

Are you a member of the Ahepa Family? _____

If yes, which city and chapter? _____

If you are not a member, please know that if you are awarded a scholarship you will be required to become a member before receiving your scholarship funds.

List your family members who are Ahepa Family members; include city and chapter number.

Name: _____

Relationship to applicant: _____

City: _____ Chapter No.: _____

College/University you will attend next year: _____

Degree you are pursuing: _____

Number of college hours completed: _____ Number of hours need for graduation: _____

Ahepa Family activities you attended in the past 12 months? _____

Extracurricular activities: _____

Honors & additional comments: _____

Signature: _____

Date: _____

Chapter Endorsement

Applicant must give a copy of the completed application to its local Ahepa Family chapter president or secretary and confirm with them that the Ahepa Family information is correct.

Chapter Name and Number: _____

Name and phone number of person applicant gave a copy to this application to that confirmed the information is correct: _____

Date: _____