

Grainfield District # 14 AHEPA & Daughters of Penelope





(Iowa, Minnesota, Missouri, Nebraska, North Dakota, South Dakota)

Undergraduate Scholarship Application – 2024

Membership Verification Form

Name of Student:

	(Last)		(First)	(N	II)			
Permanent A	Address:		· · · · · · · · · · · · · · · · · · ·					
City, State,	Zip Code:							
AHEPA Fan		ı - Write	e member's na	ame in column	and fill in the	e chapter and m	embership	
	АНЕРА		ughters of Penelope	Sons of Pericles	Maids of Athena	Chapter City	Membership #	
Applicant's Father			•				•	
Applicant's Mother								
Applicant Applicant's Spouse								
from chapter officer in pla AHEPA			ed a name to verify the member of signature.) DOP		SOP	iuing: (Attach a	MOA	
IMPORTA		eck here	if you desire t	o receive point		need:		
List below a	all dependents ((includin	g applicant) at		sity, college or		(points are awarded	
First Name		<u>Age</u>		cational Institu	·	Class Lev	Class Level in 2024-2025 (Fresh., Soph., Jr., Sr.)	