

Please answer the following questions in essay form.
(Please attach answers on a separate piece of paper)

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?

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

Signature: _____ **Date:** _____



TAXIARCHAE/ARCHANGELS GREEK ORTHODOX CHURCH
25 Bigelow Avenue
Watertown, Massachusetts 02472

2017 Scholarship Application

Academic Year 2017-18



*Eligible candidates are High School Seniors
and Undergraduate Students.*

TAXIARCHAE/ARCHANGELS GREEK ORTHODOX CHURCH

Spring 2017

Application Requirements

Applicants or their families must be members in good standing of the Taxiarchae/Archangels Greek Orthodox Church in Watertown, MA as of December 31, 2016.

Eligible applicants must be a) graduating high school students that have been accepted to a College, University, or Professional School; b) College Undergraduates entering their Sophomore, Junior, or Senior year are also eligible to apply.

A special scholarship has been established for individuals pursuing a career in nursing.

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 closing date. The Committee will notify the winners, following the interview, by *the middle of June*.

Applicants will be considered on the following basis:

- a. Academic achievement (transcripts to be provided)
- b. Financial need
- c. Participation in Church ministries
- d. Extracurricular and community activities
- e. Letters of recommendation
- f. The interview

Application Instructions

In order to be considered for this scholarship, the applicant must submit the following forms by Tuesday, May 31, 2017 without exception to the Taxiarchae Church Office - **Attention: Scholarship Committee**.

1. Completed application.
2. School transcript or scholastic performance record from the candidate's current school.
3. Two letters of recommendation that address the candidate's character and potential. These recommendations may be from teachers, coaches, priests, etc.; however, they may not be from relatives of the candidate.

Family Information:

Father's name:

(Last)_____ (First)_____

Street Address: _____

City/town: _____

Zip Code: _____

Phone: _____

Occupation: _____

Mother's name:

(Last)_____ (First)_____

Street Address: _____

City/town: _____

Zip Code: _____

Phone: _____

Occupation: _____

Siblings:

Name: _____ Age: _____ Current school: _____

Name: _____ Age: _____ Current school: _____

Name: _____ Age: _____ Current school: _____

Spring 2017

Scholarship Application

Undergraduate Students:

Name of College or University for 2017-2018:

Program of study:

Current year/level: _____

Tuition: _____

Room and Board: _____

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

This application is for candidates wishing to be considered for the Taxiarchae/Archangels Greek Orthodox Church scholarships that will be awarded for the 2016-2017 academic year. **The application deadline, *without exception*, is May 31, 2017.** Before completing this application, please read carefully the scholarship requirements and instructions.

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: _____

2. Name of organization/sport: _____

Positions held: _____

Personal involvement: _____

3. Name of organization/sport: _____

Positions held: _____

Personal involvement: _____

Church/Community/Volunteer Activities:

Name of organization: _____

Personal involvement: _____

Name of organization: _____

Personal involvement: _____

Name of organization: _____

Personal involvement: _____

Work History:

2. 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: _____

High School Students:

College or Professional School you will attend in the fall:

Tuition: _____

Room and Board: _____

Will you be receiving financial aid? Yes ___ No ___

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