



Annunciation Greek Orthodox Church
 129 SOUTH UNION STREET - AKRON, OH 44304

**Scholarship Fund
 Application**

General Information

Name (Last, First, Middle Initial)

Social Security Number

Male / Female

Single / Married

Name of Spouse

Father's Name

Mother's Name

Home Address

City / State / Zip

Home Phone

School Address

City / State / Zip

School Phone

Birthdate

Place of Birth (City, State)

Employment Information

Applicant's Place of Employment / Address

Yearly Income

Spouse's Place of Employment / Address

Yearly Income

Education Information

Name of school you will be or are attending

List schools previously attended (continue on back if necessary)

Proposed course of study

Full or Part Time

Expected date of completion of schooling

Health Information

What is your general health status?

Financial Aid Information

Have you applied for or are you receiving financial aid from other sources? YES NO

If YES, state the source and amount of financial aid.

Agreement and Signatures

I hereby apply for the Annunciation Greek Orthodox Church, Akron, Ohio Scholarship Fund knowing that any false statements will disqualify me from any assistance. I also hereby certify that I am a member of the Annunciation Greek Orthodox Church, Akron, Ohio, OR that my parents are members in good standing. I hereby certify that the foregoing statements are true to the best of my knowledge.

I hereby declare that I have read the foregoing statements and, to the best of my knowledge, agree to their accuracy.

Signature of Parent / Guardian

Date

Signature of Applicant

Date

Name (Please Print)

Relation to Applicant