

ANTHONY D. RETIKAS, M.D. SCHOLARSHIP FUND

**Annunciation Greek Orthodox Church of Akron
129 South Union Street
Akron, Ohio 44304**

To The Applicants:

This scholarship fund was established in 1983 in memory of Anthony D. Retikas, M.D. who believed service to humanity is the best work in life.

The income from this memorial fund is used to provide scholarship assistance to one or more applicants who are members of the Greek Orthodox Church of the Annunciation, Akron, Ohio, for the pursuit of a Doctor's or Master's degree.

Scholarships are awarded to student applicants on the basis of need, academic, moral and mental competency.

Recipients are selected solely at the discretion of the Board of Commissioners of the Anthony D. Retikas, M.D. Scholarship Fund on an annual basis, however, recipients may apply for an annual renewal of their scholarship.

The scholarship awarded is a grant, not legally subject to repayment. However, we believe a moral obligation exists for recipients to financially assist the Fund so that it can be perpetuated and available for use by other students in the future.

The Board of Commissioners

ANTHONY D. RETIKAS, M.D. SCHOLARSHIP FUND

The Anthony D. Retikas, M.D. Scholarship Fund is offering a scholarship for students who will be or are presently enrolled for the pursuit of a Doctor's or Master's degree.

ELIGIBILITY:

Restricted to students who:

1. Are members of the Greek Orthodox Church of Annunciation, Akron, Ohio;
2. Will be or are presently enrolled in studies for the pursuit of a Doctor's or Master's degree;
3. Are in need and are academically, morally and mentally competent.

SCHOLARSHIP AMOUNT:

The amount is left to the discretion of the Board of Commissioners, to be paid directly to the school or recipient.

SELECTION:

Selection will be made by the Board of Commissioners of the Anthony D. Retikas, M.D. Scholarship Fund.

DEADLINE:

Application and supporting documents shall be received by May 1, 2005.

NOTICE:

The recipient shall be notified by May 20.

In the event the recipient withdraws from the graduate program before the money is used, the Board of Commissioners, at its direction, may award the full or unused portion of the scholarship to another candidate. In the event of such withdrawal, the recipient will be expected to return the scholarship.

The Board of Commissioners reserves the right to withdraw the scholarship if the student's performance is not satisfactory.

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INSTRUCTIONS

- (1) The applicant shall complete the attached application form. The application should be typed if possible.
- (2) Applicant shall attach (or have forwarded under separate cover) an official transcript from the college where the applicant is currently enrolled.
- (3) Applicant must furnish (or have forwarded under separate cover) two letters of recommendation from:
 - (A) Department head, advisor, or instructor from present school.
 - (B) Personal recommendation from a source outside of the present school (other than a relative).
- (4) Applicant must furnish (or have forwarded under separate cover) the following letters:
 - (A) From the Greek Orthodox Church of the Annunciation of Akron, Ohio, certifying that the applicant is presently a member in good standing.
 - (B) From the graduate college where applicant has been accepted or is currently enrolled, certifying:
 - a) that applicant has been accepted or is currently enrolled;
 - b) that applicant is pursuing a Master's or Doctor's degree;
 - c) the applicant's educational field of endeavor;
 - d) the number of quarter or semester hours for which the applicant is registered.
- (5) Return all of the above to the address below by May 1, 2005.
- (6) A personal interview may be scheduled for scholarship finalists.
- (7) All applications and documents submitted are confidential and non-returnable.

If you have any questions, feel free to contact:

Anthony D. Retikas, M.D. Scholarship Fund
C/O Greek Orthodox Church
129 South Union Street
Akron, Ohio, 44304
(330) 434-4521

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APPLICATION

SECTION I – PERSONAL DATA

A.

Name:		
_____	_____	_____
Last	First	Middle

B.

Home Address:		

_____	_____	_____
City	State	Zip Code

C.

School Address:		

_____	_____	_____
City	State	Zip Code

Telephone Number		

D.

Date of Birth: _____
Social Security Number _____

E.

Male _____ Female _____ Single _____ Married _____
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F.

If Married:
a) Number and ages of children _____
b) Spouse's name _____
c) Spouse's place of employment _____
d) Spouse's yearly income _____

G.

Your place of employment: _____
Your yearly income: _____

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H.

LIST OF SCHOOLS PREVIOUSLY ATTENDED INCLUDING HIGH SCHOOL:			
<u>NAME OF SCHOOL</u>	<u>CITY & STATE</u>	<u>DATES ATTENDED</u>	<u>DIPLOMA</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I.

LIST SCHOOL WHICH YOU WILL ATTEND

J.

PROPOSED COURSE: _____
DATE YOU PLAN TO ENTER: _____
WILL YOU ATTEND FULL TIME OR PART TIME: _____
WHEN DO YOU PLAN TO COMPLETE THE COURSE: _____

K.

HOW DO YOU EXPECT TO UTILIZE YOUR EDUCATION:

L.

PRESENT GRADE POINT AVERAGE _____
CLASS RANK _____ IN A CLASS OF _____

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M.

LIST SCHOOL ACTIVITIES INCLUDING SCHOOL ORGANIZATIONS/ACTIVITIES AND ANY OFFICE HELD:

OTHER ORGANIZATIONS/ACTIVITIES INCLUDING OFFICE HELD:

LIST ANY HONORS OR AWARDS OF THE APPLICANT:

N.

GIVE DETAILS OF ANY VOLUNTEER WORK YOU HAVE DONE:

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O.

**GIVE DETAILS OF GAINFUL EMPLOYMENT HELD DURING THE
LAST FOUR (4) YEARS (FULL OR PART TIME):**

EMPLOYER/FIRM JOB DESCRIPTION LENGTH OF EMPLOYMENT

P.

WHAT IS YOUR GENERAL HEALTH:

Q.

**ATTACH A SHORT STATEMENT, WRITTEN BY THE APPLICANT,
STATING WHY HE/SHE HAS APPLIED FOR THE SCHOLARSHIP.**

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SECTION II – STUDENT APPLICANT’S FINANCIAL DATA

A.

LIST TOTAL ESTIMATED COST OF COURSE: \$ _____
IF COURSE IS MORE THAN ONE YEAR IN LENGTH, LIST
ESTIMATED COST OF FIRST YEAR: \$ _____

B.

LIST BELOW THE DUE DATES AND AMOUNT OF TUITION
INSTALLMENTS FOR SCHOOL IN WHICH YOU ARE ENROLLED.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C.

HAVE YOU RECEIVED OR ARE YOU EXPECTING ANY OTHER
SCHOLARSHIPS OR FINANCIAL AID FOR THIS YEAR? _____

IF YES, INDICATE AMOUNTS AND TYPE:

D.

HOW DO YOU PLAN TO MEET EXPENSES TO COMPLETE YOUR
EDUCATION?

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E.

**APPLICANT'S ESTIMATED SCHOOL BUDGET
(FOR THE SCHOOL YEAR)**

<u>INCOME</u>		<u>SCHOOL EXPENSES ONLY</u>	
From Parents	\$.....	Tuition	\$.....
From Student's Savings	\$.....	Books, Lab, Etc	\$.....
From Summer Earnings	\$.....	Travel, etc.	\$.....
Scholarships or Grants	\$.....	Other (specify)	\$.....
Spouse's Income	\$.....		
Applicant's Earnings During School Year	\$.....		
All other sources (specify)	\$.....		
	\$.....		
Total	\$.....	Total	\$.....

F.

**APPLICANT'S LIVING EXPENSES (EXCLUDING SCHOOL EXPENSE)
PER MONTH FOR THE SCHOOL YEAR (INCLUDE FAMILY
EXPENSES IF MARRIED).**

RENT: _____

UTILITIES: _____

FOOD: _____

TRANSPORTATION: _____

OTHER: _____

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G. PLEASE COMPLETE THE FOLLOWING FINANCIAL STATEMENT SHOWING THE PERSONAL ASSETS AND LIABILITIES OF THE APPLICANT (INCLUDING THE APPLICANT'S SPOUSE.)

FINANCIAL STATEMENT

<u>ASSETS</u>	
Cash on hand and in banks	\$
Savings Account(s) balance	\$
Certificates of Deposit	\$
Money Market Account(s) Balance	\$
Household Goods	\$
Real Estate	\$
Automobiles (list year and make)	\$
Other Assets (including stocks, bonds, trusts, annuities, etc.)	\$
TOTAL ASSETS	\$

<u>LIABILITIES</u>	
Notes payable to Relatives	\$
Notes payable to Banks and Others	\$
Automobile Loans	\$
Credit Cards	\$
Real Estate Mortgages	\$
Other Debts (bills, taxes, etc.)	\$
	\$
TOTAL LIABILITIES	\$

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SECTION III - FAMILY DATA (IF APPLICANT IS A DEPENDENT)

A.

FATHER'S NAME: _____ AGE: _____
OCCUPATION: _____
ADDRESS: _____
EMPLOYER: _____ POSITION: _____
YEARS WITH THE FIRM: _____

B.

DOES YOUR FATHER OR MOTHER OWN HIS/HER OWN BUSINESS?
IF YES, TYPE OF BUSINESS OWNED: _____

C.

MOTHER'S NAME AND ADDRESS: _____

MOTHER'S OCCUPATION: _____

D. GIVE ALL INFORMATION BELOW FOR ALL DEPENDENT CHILDREN IN FAMILY.

<u>FIRST</u> <u>NAME</u>	<u>CHILD'S</u> <u>AGE</u>	<u>SCHOOL</u> <u>ATTENDING</u>	<u>CHILD'S</u> <u>GRADE</u>	<u>COURSE OF</u> <u>STUDY</u>	<u>SCHOLARSHIP</u> <u>AID & AMT</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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ARE THERE OTHER DEPENDENT RELATIVES OTHER THAN IMMEDIATE FAMILY?

IF SO, NAME AND EXTENT OF DEPENDENCY: _____

COMBINED PARENTS' INCOME FROM ALL SOURCES: _____

EXPLAIN ANY UNUSUAL EXPENSES WHICH PRESENT A LARGE DRAIN UPON YOUR PARENTS' BUDGET (I.E. MEDICAL, COLLEGE TUITIONS, DENTAL, ETC.):

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I HEREBY APPLY FOR THE ANTHONY D. RETIKAS, M.D. SCHOLARSHIP. KNOWING THAT ANY FALSE STATEMENTS WILL DISQUALIFY ME FROM ANY ASSISTANCE, I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

SIGNATURE OF APPLICANT

THE FOLLOWING IS TO BE SIGNED IF THE APPLICANT IS DEPENDENT UPON HIS PARENTS' INCOME.

I, _____ (FATHER, MOTHER, GUARDIAN – STATE WHICH) OF THE APPLICANT HEREBY DECLARE THAT I HAVE READ THE FOREGOING STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE CORRECT.

DATE

SIGNATURE OF PARENT OR GUARDIAN