

2024 Apprenticeship Award Application

Application Priority Deadline – Friday, March 1st, 2024 Personal Interview – Sunday, March 17th, 2024 * Awards Presentation – Sunday, May 19th, 2024

* Personal interviews can be conducted via ZOOM teleconferences.

Mission Statement of the AHEPA Chapter #43 Apprenticeship Award

The AHEPA Milwaukee Chapter #43 Apprenticeship Award recognizes academically and technically gifted students and rewards those in our Hellenic community who have achieved outstanding success. We acknowledge and place high value on the well-rounded student and their potential for future success. Our program is a source of encouragement to the student targeting up to a 2-year accredited educational curriculum at a technical school or via an apprenticeship, helping him/her appreciate our Hellenic heritage, and provide for our community an ever-expanding source of support for the future of AHEPA.

Please send the completed application, forms and correspondence to:

PREFERABLY BY EMAIL WITH ATTACHMENTS	BY POSTAL MAIL
trades@ahepa43.org with Subject "AHEPA Application"	AHEPA Scholarship Foundation <i>c/o Peter C. Copoulos</i> 14220 W. North Oak Blvd New Berlin, WI 53151

All questions should be directed to Peter C. Copoulos at 414-807-7001 or trades@ahepa43.org.

This is the application for the *AHEPA Milwaukee Chapter #43 Apprenticeship Award* for coursework starting 2023. If you are interested in the *AHEPA District #13 Scholarship* or other Hellenic scholarships, please refer to our website (https://www.ahepa43.org/) for those applications.

Order of AHEPA



Milwaukee Chapter #43 AHEPA Scholarship Foundation: *Apprenticeship Award*

Eligibility:

All applicants MUST meet <u>BOTH</u> of the following criteria:

- All applicants must be high school students eligible for graduation, have graduated high school, or have a GED equivalent, and less than 26 years old; and
- A minimum cumulative GPA of 2.50 on a 4.0 scale must be maintained and/or a GED passing score of 165 or greater.

All applicants MUST meet <u>ONE</u> of the following criteria:

- Applicants must be a child or grandchild of a member of *AHEPA Milwaukee Chapter #43* or *Daughters of Penelope* (DOP) *#103*. If the grandchild does not reside in the Wisconsin six-county area of *Milwaukee*, *Ozaukee*, *Racine*, *Sheboygan*, *Washington* and *Waukesha*, their parent(s) must be a member of an *AHEPA* or DOP chapter; or
- Be of *Greek* descent residing in the Wisconsin six-county area.

Requirements:

- A certified high school transcript of grades, diploma if graduated, and/or GED test score results of the applicant;
- A copy of the acceptance letter of the vocational, trade school or apprenticeship program attending;
- A letter of recommendation, submitted separately, from an educator at the applicant's high school or adult tutoring facility, or from a trade/apprenticeship mentor;
- A recent photograph of the applicant, no larger than 2 ¹/₂" x 3 ¹/₂", which becomes the property of the *Scholarship Foundation*;
- A two-paragraph personal statement of your educational goals and your reason(s) for being selected a recipient of the award;
- A two-paragraph biography that includes the high school you are attending or attended, technical college or trade/apprenticeship program you plan on attending, a few accomplishments and a sentence or two from your letter of recommendation. This biography is not used for award evaluation purposes;
- If awarded, we reserve the right to publish the contents of the statement and biography with picture in any *Event Program* and/or on our website as a reference of recipients;
- A personal teleconference or in-person interview with qualified applicants will be scheduled; and
- Applications submitted by the priority deadline will receive precedence.





APPRENTICESHIP AWARD APPLICATION 2023

NAME	DATE	
ADDRESS		
CITY, STATE ZIP		
MOBILE PHONE	OTHER PHONE	
MODILE FHONE	OTHER FHONE	
EMAIL		
BIRTHPLACE	DATE OF BIRTH	

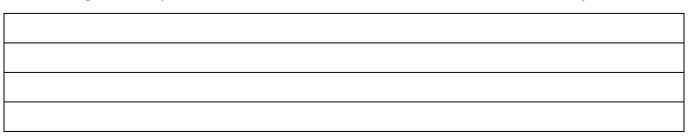
Are you, your parent(s) or grandparent(s) currently a member of the *AHEPA* family?

		\Box Yes	□ No
If "Yes", please indicate:	AHEPA	□ Father	□ Grandfather
	Daughters of Penelope	□ Mother	□ Grandmother

Please indicate the name, relationship and lodge of the member, if different from our local lodges *AHEPA Chapter* #43 and *Daughters of Penelope Hector* #103.

NAME	
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RELATIONSHIP	LODGE

If you answered NO above AND you are of Greek descent, please describe in sufficient detail your Greek background and your current involvement in activities within the Greek community.



Parent/Guardian Information

FATHER		MOTHER		
NAME				
ADDRESS				
CITY, STATE ZIP				
BIRTHPLACE				
EMPLOYER				
OCCUPATION				
SIBLINGS				
NAME	AGE	AHEPA SCHOLARSHIP RECIPIENT		

Educational Information

HIGH SCHOOL ATTENDING/ATTENDED		
ADDRESS		
CITY, STATE ZIP		
PHONE	DATE OF GRADUATION	
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PROFESSION YOU PLAN TO PURSUE		
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Please list any extracurricular involvement that you may have had in each of the following areas. Please include membership in organizations, recognitions and awards received, activities and hobbies, and any work experiences as well. Please attach a separate page if needed. The committee will notify the applicants in writing as to the status of the award.

Church Related Activities & Involvement (*Greek Orthodox Church Youth Activities, or if not attending a Greek Orthodox Church, one's involvement in his or her own church, and any Hellenic involvement.*)

School Activities & Involvement

Civic Community Activities

Qualities & Accomplishments

Other information you feel may be of value to the Committee.

If there is a financial need or special circumstances that you feel are important for the Committee to be aware of, please indicate below, attach a separate supporting note and the Chairman will contact you.

APPLICANT SIGNATURE

DATE