

DEAN NAKIS MEMORIAL SCHOLARSHIP

INSTRUCTIONS FOR FILING APPLICATION FOR SCHOLARSHIP AWARD

1. Dean Nakis Memorial Scholarship awards are made only to students who are active members of one of the Greek Orthodox Churches of Northeastern Ohio, or whose parent(s) are active members, and who entering college are or are in undergraduate work. Recipients are selected according to scholastic achievement and financial need.
2. All information requested must be provided and all forms requiring signatures must be signed.
3. Copies of the following must accompany each application:
 - a. Most recent high school or college transcript or official college grades-final semester or term is not expected due to early deadline.
 - b. Results of the ACT, PSAT and/or SAT.
 - c. Letter of acceptance from accredited college or university. (For students entering college for the first time).
 - d. Required letter of recommendation from your Church's Priest. (Form B-718)
4. Each high school application is to be accompanied by a letter of recommendation from the school counselor, principal or other appropriate school official. (Form B-718)
5. All forms and information submitted are confidential and non-returnable.
6. All requested material must be submitted prior to the application deadline.
7. All completed applications and accompanying materials for high school seniors are to be mailed directly from the applicant's high school. Submission of applications and accompanying material for college students shall be the responsibility of the student.
8. **Incomplete application will not be considered – be sure all requested information is supplied. If it is not, your application will be returned.**
9. Applications and related materials must be postmarked no later than April 5, 2010 and should be mailed to:

Dean Nakis Memorial Scholarship Fund
1423 Ridgemont Trail
Hinckley, Ohio 44233

RULES GOVERNING SELECTION OF SCHOLARSHIP RECIPIENT

1. The following criteria will be considered in awarding scholarships:
 - a. Scholastic ability
 - b. Financial need
 - c. Class rank
 - d. Leadership potential
 - e. Membership in a Greek Orthodox Church, in the Northeastern Ohio area
2. Applicant must be an entering college freshman or enrolled in undergraduate work.
3. Applicant must have been accepted for admission to an accredited college or university for the current year.
4. Requests to send scholarship awards to the individual recipient will be considered on an individual basis.
 - a. Money may be used for tuition's, books, lab fees, or other related school expenses.
 - b. If the recipient does not enroll or does not complete the first semester or quarter of the current year, the scholarship award must be refunded to the Dean Nakis Memorial Scholarship Fund.
5. The Scholarship recipient will be notified in May, 2010.
6. The scholarship will be awarded by the selection committee, **not** by the trustee's of The Dean Nakis Memorial Scholarship Fund. The selection committee is made up of professional educators.

DEAN NAKIS MEMORIAL SCHOLARSHIP

APPLICATION {Please type or Print Clearly}

1. PERSONAL DATA:

Name _____
Last First Middle

Home Address _____

City _____ State _____ Zip Code _____

Telephone ____ (____) _____ Date of Birth _____ Place _____

Male

Female

Single

Married

2. FAMILY DATA:

Father's Name _____ Age _____ Occupation _____

Father's Address _____

Employed by _____ Years with Company _____

Does your Father or Mother own their own business? yes no

Type of business owned _____

Mother's Name _____

Mother's Address _____

Give information below of all dependent children in family, except applicant:

First Name	Age	School or University attending	Scholarship/Financial aid received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there other dependent relatives other than immediate family? yes no

Name and extent of dependency: _____

3. FINANCIAL DATA:

Proposed occupation or profession: _____

University to be attended: _____

Estimated budget for the coming year:

Applicant's Estimated Budget (Sept. to June)

	Income		Expenses
From parents	\$ _____	tuition	\$ _____
Student's savings	\$ _____	room and board	\$ _____
Student's summer earnings	\$ _____	books, labs, etc.	\$ _____
Scholarships or grants	\$ _____	laundry, travel, etc.	\$ _____
All other sources	\$ _____	other expenses	\$ _____
Total	\$ _____	total	\$ _____

Will you be receiving financial aid from the school you will enter this year? yes no

If yes, please indicate amounts and type: _____

Have you received any other scholarships this year? yes no

If so, explain amounts and sources: _____

How do you plan to meet the expenses needed to complete your education? _____

COMBINED FAMILY INCOME LEVEL

(Please indicate adjusted gross income as shown on IRS Form 1040, line 31)

- | | | |
|---|---|---|
| <input type="checkbox"/> \$10,000 to \$20,000 | <input type="checkbox"/> \$40,001 to \$50,000 | <input type="checkbox"/> \$70,001 to \$80,000 |
| <input type="checkbox"/> \$20,000 to \$30,000 | <input type="checkbox"/> \$50,001 to \$60,000 | <input type="checkbox"/> \$80,001 to \$90,000 |
| <input type="checkbox"/> \$30,001 to \$40,000 | <input type="checkbox"/> \$60,001 to \$70,000 | <input type="checkbox"/> Above \$90,000 |

Signature of Parent/Guardian

4. EDUCATIONAL EXPERIENCE:

Name of School or University	Address	Years of Attendance	Degree or Diploma
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grade Point Average _____ Class Rank _____ in class of _____

School Activities - Please list applicant's activities.

School Organization/Activities including any office held.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List any honors or awards of the applicant.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

I hereby apply for financial assistance in the form of a Scholarship, to assist me to attend a University of my own choice during the academic year _____ to _____. The forgoing statements are true to the best of my knowledge.

Signature of Applicant

Date

Applicant's Social Security Number

I, _____ (Father, Mother, Guardian. state which) of the applicant hereby declare that I have read the following statements, to the best of my knowledge they are correct, and I hereby give approval to this application.

Signature of Parent/Guardian

Date

**DEAN NAKIS MEMORIAL SCHOLARSHIP
LETTER OF RECOMMENDATION**

Each high school application is to be accompanied by a letter of recommendation from the school counselor, principal, or other appropriate school official. Also a letter of recommendation from your priest is required. Any information substantiating the applicant's scholastic achievement, potential, leadership abilities and financial need for this scholarship would be greatly appreciated.

NAME OF
APPLICANT _____

Name of person furnishing recommendation

Position

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