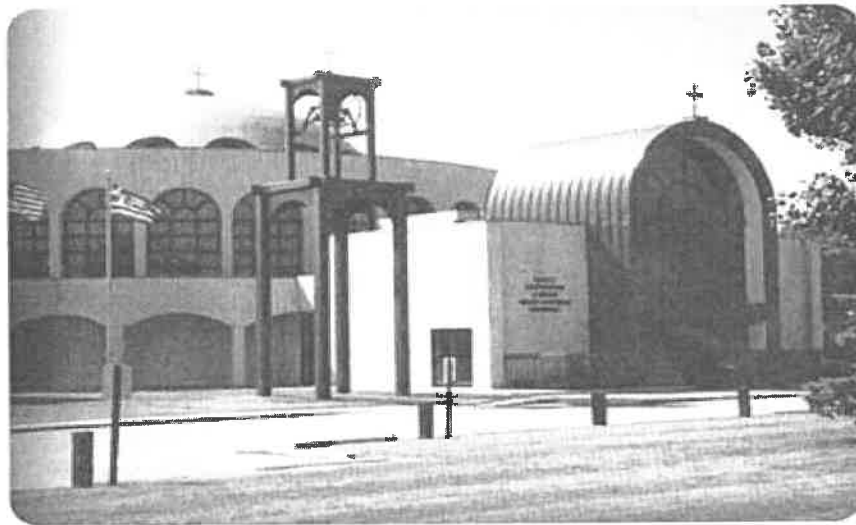




THE MIKE LATOS MEMORIAL SCHOLARSHIP APPLICATION

Awarded By
SS. CONSTANTINE AND HELEN
GREEK ORTHODOX CATHEDRAL



NAME OF APPLICANT

SS. CONSTANTINE AND HELEN
GREEK ORTHODOX CATHEDRAL

8000 MADISON STREET MERRILLVILLE, IN 46410

TO BE RETURNED TO SCHOLARSHIPS COMMITTEE

TYPE OR PRINT ALL INFORMATION

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City)

(State) (Zip Code) (Telephone)

Date and Place of Birth: _____

Parents: (complete both columns) FATHER MOTHER

Name (Mother's Maiden Name) _____

Annual Income (Gross) _____

Name and Ages of Brothers and/or Sisters _____

Are you and/or your family members of the Church? Yes___ No___

Name and address of high school from which you are about to graduate or comparable educational school you are attending. If you are currently enrolled in a post high school program, please indicate below:

List any scholastic honors or distinctions received in high school and/or post high school below:

List extra-curricular activities and any awards received for same: _____

List community activities and any special recognition received: _____

Working experience (list type of job, employer, and dates of employment): _____

When do you expect to enter college or a post high school program? _____

If already accepted, name and institution: _____

For what profession or occupation are you preparing for? _____

Have you applied elsewhere for financial aid? _____ If so, list source and amount: _____

If you are currently receiving or will be awarded financial aid, including student loans, please list sources and amounts: _____

*Attach to this application a letter in your own handwriting stating why you feel you deserve this scholarship.

(Date)

(Applicant's Signature)

HIGH SCHOOL STUDENTS - The following is to be filled out and signed by high school official.

1. Date of graduation: _____
2. Class rank: _____
3. Class size: _____
4. Please attach a transcript of high school grades.

Completed by (School Official): _____
(Signature and Title)

Date: _____

If you are now enrolled in a post high school institution, please submit a transcript and/or proof of enrollment.

RETURN THIS APPLICATION TO: The Mike Latos Memorial Scholarships Committee Chairman
SS. CONSTANTINE AND HELEN GREEK ORTHODOX CATHEDRAL
8000 MADISON STREET
MERRILLVILLE, IN 46410

THE MIKE LATOS MEMORIAL SCHOLARSHIP
RULES AND ELIGIBILITY REQUIREMENTS

The **MIKE LATOS SCHOLARSHIP** is designed to serve students from the widest possible range of **SS. Constantine and Helen Greek Orthodox Cathedral** membership.

In awarding the Scholarships, the Cathedral recognizes three district criteria—scholastic ability, financial need and parish life involvement.

Applicants and/or their parents/guardians must have been and be current members of **SS. Constantine and Helen Greek Orthodox Cathedral** and must have been involved in the work of the Cathedral and parish.

Applicants must be in their senior year of high school or have already completed high school or its equivalent. Students currently involved in post high school institutions are also eligible. Post high school institutions would include colleges, universities, trade, technical and vocational institutions.

The scholarships are not renewable. However, non-recipients may apply in succeeding years.

All applications must be submitted by **May 1st**. Applications received after that date will not be considered by the Scholarship Committee. Only completed applications will be considered, i.e. hand written letter included.

The Scholarship Committee will appoint qualified evaluators to select the recipients.

The scholarships will be announced on Graduate Sunday.

Successful applicants will be granted their awards upon proof of registration.

Scholarships must be claimed by the end of September following awards or they will be forfeited.