



**SOCIETY OF KASTORIANS "OMONOIA", INC.
SCHOLARSHIP APPLICATION**

SECTION I: PERSONAL INFORMATION

LAST NAME _____			FIRST NAME _____			MIDDLE NAME _____		
ADDRESS _____			CITY _____					
STATE _____			ZIP CODE _____			COUNTRY _____		
DATE OF BIRTH (MONTH/DAY/YEAR) _____			PLACE OF BIRTH (CITY/COUNTRY) _____					
HOME PHONE _____			WORK PHONE _____			CELL PHONE _____		
EMAIL1 _____			EMAIL2 _____					
<input type="checkbox"/> I am a U.S. citizen			<input type="checkbox"/> I am a resident alien			<input type="checkbox"/> Guest / Other		
PASSPORT NUMBER _____			CARD NUMBER _____			VISA TYPE AND NUMBER _____		
<input type="checkbox"/> Yes, I have received scholarship(s) from the Society of Kastorians in (years): _____, _____, _____			<input type="checkbox"/> No, I have not received any scholarship(s) from the Society of Kastorians					
<input type="checkbox"/> Yes, I am a member of the			<input type="checkbox"/> Society of Kastorians "OMONOIA" since: _____			<input type="checkbox"/> Ladies of Kastoria (Philoptochos) since: _____		
			<input type="checkbox"/> Kastorian Youth Society since: _____					
<input type="checkbox"/> No, I am not a member								
FATHER'S LAST NAME _____			FATHER'S FIRST NAME _____			FATHER'S MIDDLE NAME _____		
My father <input type="checkbox"/> is <input type="checkbox"/> is not			a member of the Society of Kastorians "OMONOIA"					
MOTHER'S LAST NAME _____			MOTHER'S FIRST NAME _____			MOTHER'S MIDDLE NAME _____		
My mother <input type="checkbox"/> is <input type="checkbox"/> is not			a member of the Ladies of Kastoria (Philoptochos)					

SECTION II: CERTIFICATION

I certify that I understand the rules and regulations and that everything I have stated here is true...

FULL NAME (FIRST, MIDDLE, LAST) _____			SIGNATURE _____			DATE _____		
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SECTION III: HIGH SCHOOL INFORMATION

_____	_____	_____
HIGH SCHOOL NAME	CITY	STATE
<input type="checkbox"/> Graduated	_____	_____
	DATE GRADUATED	DEGREE GRANTED
		FINAL GPA

SECTION IV: UNDERGRADUATE SCHOOL INFORMATION

_____	_____	_____
COLLEGE/UNIVERSITY NAME	CITY	STATE
<input type="checkbox"/> Accepted	_____	_____
	DATE OF ACCEPTANCE	DEGREE PURSUING
		MAJOR
----- or -----		
<input type="checkbox"/> Attending	_____	_____
	YEAR	DEGREE PURSUING
		EXPECTED GRADUATION DATE
	_____	_____
	MAJOR	CURRENT GPA
		AS OF (MONTH/YEAR)
----- or -----		
<input type="checkbox"/> Graduated	_____	_____
	GRADUATION DATE	DEGREE GRANTED
		FINAL GPA
	_____	_____
	MAJOR	MINOR
		SPECIALIZATION

SECTION V: GRADUATE/FIRST TWO YEARS OF MEDICAL SCHOOL INFORMATION

_____	_____	_____
COLLEGE/UNIVERSITY NAME	CITY	STATE
<input type="checkbox"/> Accepted	_____	_____
	DATE OF ACCEPTANCE	DEGREE PURSUING
		MAJOR
----- or -----		
<input type="checkbox"/> Attending	_____	_____
	YEAR	DEGREE PURSUING
		EXPECTED GRADUATION DATE
	_____	_____
	MAJOR	CURRENT GPA
		AS OF (MONTH/YEAR)
----- or -----		
<input type="checkbox"/> Graduated	_____	_____
	GRADUATION DATE	DEGREE GRANTED
		FINAL GPA
	_____	_____
	MAJOR	MINOR
		SPECIALIZATION

SECTION VI: DOCTORAL/LAST TWO YEARS OF MEDICAL SCHOOL INFORMATION

_____	_____	_____
COLLEGE/UNIVERSITY NAME	CITY	STATE
<input type="checkbox"/> Accepted	_____	_____
	DATE OF ACCEPTANCE	DEGREE PURSUING
		MAJOR
----- or -----		
<input type="checkbox"/> Attending	_____	_____
	YEAR	DEGREE PURSUING
		EXPECTED GRADUATION DATE
	_____	_____
	MAJOR	CURRENT GPA
		AS OF (MONTH/YEAR)
----- or -----		
<input type="checkbox"/> Graduated	_____	_____
	GRADUATION DATE	DEGREE GRANTED
		FINAL GPA
	_____	_____
	MAJOR	MINOR
		SPECIALIZATION