

**AHEPA EDUCATIONAL FOUNDATION
2007 JOURNEY TO GREECE**

Application for Participation

I hereby apply for participation in the AHEPA Educational Foundation Journey to Greece. I have notified my AHEPA or Daughters of my application.

(Please print or type)

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____ Parent Email _____

Date of Birth _____ Place of Birth _____

I am a student at _____ Grade: _____

Ability to speak Greek (please circle one): None Fair Good Fluent

CHECK ONE (if applicable):

_____ I am a member in good standing of Chapter No: of the Sons of Pericles or Maids of Athena located in _____.

_____ My father and/or mother - (circle one or both, if applicable) - is a member in good standing of _____ AHEPA or ___ Daughters of Penelope Chapter No. _____ Located in _____.

Documents Required — Applications will not be considered if not accompanied by the following:

1. **Copy of birth certificate.**
2. **Transcript of most recently completed school semester.**
3. **Confidential report from either a school counselor or academic advisor.**
4. **A letter giving your reasons for applying for this program.**
5. **A recent photograph.**
6. **Students must be in the 12th grade or a University program**

Date _____ Student's Signature _____

I have read "The AHEPA EDUCATIONAL FOUNDATION JOURNEY TO GREECE RULES AND REGULATIONS," I hereby consent and agree to those rules and regulations, and I assume full personal responsibility for the actions of my son or daughter.

Signed: _____

Parent or Legal Guardian

- Application deposit of **\$350.00** is to accompany the application form.

Make checks payable to: **AHEPA Educational Foundation.**

Mail with payment on or before Deadline to:

*AHEPA/Journey to Greece, 1909 Q. Street, NW, Suite 500 , Washington, DC, 2009, (202) 232-6300, ahempa@ahempa.org

DEADLINE: December 31, 2006
(Late charge of \$150 will apply after this date)