

# DEAN NAKIS MEMORIAL SCHOLARSHIP

## INSTRUCTIONS FOR FILING APPLICATION FOR SCHOLARSHIP AWARD

1. Dean Nakis Memorial Scholarship awards are made 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 are entering college, or are doing 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.
  - e. Required letter of recommendation from the classroom teacher, athletic coach, guidance counselor, principal or other appropriate school official.
4. All forms and information submitted are confidential and non-returnable.
5. All High School Transcripts and Letters of Recommendation from school officials are to be mailed directly from the applicant's high school. Submission of applications and accompanying material for college students will be the responsibility of the student.
6. **Incomplete application will not be considered – be sure all requested information is supplied.**
7. Applications and related materials must be postmarked no later than May 1, 2017 and should be mailed to:

Dean Nakis Memorial Scholarship  
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. The Scholarship recipient will be notified by June 2017
5. The Scholarship will be awarded by the selection committee, **not** by the trustees of the Dean Nakis Memorial Scholarship Fund. The selection committee is made up of professional educators.
6. Questions? Call George or Ann Beth Nakis at 330-278-2577

# DEAN NAKIS MEMORIAL SCHOLARSHIP

## APPLICATION

### 1. PERSONAL DATA:

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male

Female

Single

Married

### 2. FAMILY DATA:

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employed by \_\_\_\_\_ Years with Company \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employed by \_\_\_\_\_ Years with Company \_\_\_\_\_

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

Type of business owned \_\_\_\_\_

Give information below of all dependent children in family, not including the applicant:

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

**3. FINANCIAL DATA:**

Proposed occupation or profession: \_\_\_\_\_

University to be attending: \_\_\_\_\_

Estimated budget for the coming year:

**Applicant's Estimated Budget (Sept. to June)**

	<b>Income</b>		<b>Expenses</b>
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	\$ _____
<b>Total</b>	\$ _____	<b>Total</b>	\$ _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grade Point Average \_\_\_\_\_ Class Rank \_\_\_\_\_ in class of \_\_\_\_\_

**SCHOOL ACTIVITIES - PLEASE LIST APPLICANT'S ACTIVITIES.**

List all school athletic teams in which you participate.

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

List all school organization/activities including any office held.

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

List all honors or awards

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

**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

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**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 a classroom teacher, athletic coach, guidance 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

Mail Letter of Recommendation no later than May 1, 2017 to:

Dean Nakis Memorial Scholarship  
1423 Ridgemont Trail  
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