SOCIETY OF KASTORIANS "OMONOIA", INC.
SCHOLARSHIP APPLICATION

SECTION I: PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ COUNTRY _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MONTH/DAY/YEAR) _____ PLACE OF BIRTH (CITY/COUNTRY) _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL1 _____ EMAIL2 _____

☐ I am a U.S. citizen ☐ I am a resident alien ☐ Guest / Other

PASSPORT NUMBER _____ CARD NUMBER _____ VISA TYPE AND NUMBER _____

☐ Yes, I have received scholarship(s) from the Society of Kastorians in (years): , ,

☐ No, I have not received any scholarship(s) from the Society of Kastorians

☐ Yes, I am a member of the ☐ Society of Kastorians "OMONOIA" since: _____
☐ Ladies of Kastoria (Philoptochos) since: _____
☐ Kastorian Youth Society since: _____

☐ No, I am not a member

FATHER'S LAST NAME _____ FATHER'S FIRST NAME _____ FATHER'S MIDDLE NAME _____

My father ☐ is ☐ is not a member of the Society of Kastorians "OMONOIA"

MOTHER'S LAST NAME _____ MOTHER'S FIRST NAME _____ MOTHER'S MIDDLE NAME _____

My mother ☐ is ☐ 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 _____

SECTION III: HIGH SCHOOL INFORMATION

HIGH SCHOOL NAME | CITY | STATE

☐ Graduated

DATE GRADUATED | DEGREE GRANTED | FINAL GPA

SECTION IV: UNDERGRADUATE SCHOOL INFORMATION

COLLEGE/UNIVERSITY NAME | CITY | STATE

☐ Accepted

DATE OF ACCEPTANCE | DEGREE PURSUING | MAJOR

or

☐ Attending

YEAR | DEGREE PURSUING | EXPECTED GRADUATION DATE

MAJOR | CURRENT GPA | AS OF (MONTH/YEAR)

or

☐ 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

☐ Accepted

DATE OF ACCEPTANCE | DEGREE PURSUING | MAJOR

or

☐ Attending

YEAR | DEGREE PURSUING | EXPECTED GRADUATION DATE

MAJOR | CURRENT GPA | AS OF (MONTH/YEAR)

or

☐ 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

☐ Accepted

DATE OF ACCEPTANCE | DEGREE PURSUING | MAJOR

or

☐ Attending

YEAR | DEGREE PURSUING | EXPECTED GRADUATION DATE

MAJOR | CURRENT GPA | AS OF (MONTH/YEAR)

or

☐ Graduated

GRADUATION DATE | DEGREE GRANTED | FINAL GPA

MAJOR | MINOR | SPECIALIZATION