



APPLICANT INSTRUCTIONS FOR “VELOUCHI” SCHOLARSHIP AWARDS

It is absolutely essential that each person applying for the “Velouchi” Scholarship Awards understands the following instructions, completes and answers all questions in the application form fully, and mails the completed application form and all other required documents to the Office of the Evrytanian Association with a post mark of no later than May 1 of current year. Failure to abide by these instructions will cause an application not to be considered by the Scholarship Committee.

- The Scholarship Committee of the Evrytanian Association of America uses two equal-weight criteria in selecting successful applicants for scholarship awards: **(1) applicant’s high school and/or college/university academic record, and (2) applicant’s demonstration of financial need.**
- If an applicant is a high school senior, the applicant must answer Question Number 8 on page 3 completely and fully, **and** attach the applicant’s official and current high school transcript.
- If an applicant is attending a college/university, the applicant must answer Question Number 9 on page 3 completely and fully, **and** attach the applicant’s official and current college/university transcript.
- If an applicant is financially independent of parents/guardian and receives no financial assistance from them, the applicant must attach a copy of his/her completed front and signature pages of IRS Form 1040 (or 1040A, 1040EZ) filed with the IRS by 15 April of current year. Moreover, if the applicant is married and his/her spouse is filing separately, the applicant must also attach the spouse’s completed front and signature pages of the corresponding IRS form for the same year as the applicant.
- If an applicant is financially dependent on parents/guardian, the applicant must attach a copy of his/her parents or guardian’s completed front and signature pages of the appropriate IRS form filed with the IRS by 15 April of the current year. In the event an applicant’s parents are submitting separate returns to the IRS, then copies of the front and signature pages of the corresponding IRS forms must be attached for both parents.
- **In both of the cases above, the applicant must also submit “IRS FORM 1098-T” which can be obtained from the Business Office of the higher institution the applicant is attending.**
- To demonstrate further the need for financial assistance, each applicant must also attach sealed and signed letters from two different persons who are not the applicant’s relatives but can speak to the applicant’s need for financial assistance. Typically, the letters should come from two members of the local Evrytanian chapter, if such a chapter exists.
- The Scholarship Committee of the Evrytanian Association assures every applicant that any and all information provided to the Committee will be used by the Committee solely for the purpose of identifying those applicants worthy of a scholarship award and will be handled with the strictest confidence.
- The stipends received by the successful applicants will be sent directly to the financial offices of the applicant’s college or university. Each successful applicant, therefore, must provide proper addresses to the Evrytanian Association of the college/university the applicant is attending.

For students of Evrytanian extraction or children of members of the Association residing in the United States or Canada and intending to attend American or Canadian Universities or Colleges and who have been or whose parents have been members in good standing of the Association for at least three (3) years prior to application for a scholarship, including the year in which the Application is submitted.



EVRYTANIAN ASSOCIATION OF AMERICA
"VELOUCHI"

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ANNUAL SCHOLARSHIP APPLICATION FORM FOR 2019

(Please feel free to use another sheet of paper to list appropriate information)

ALL information is required to be completed and on file in the office by May 1.
Applications received after this deadline will not be considered for Scholarship.

1. APPLICANT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP CODE: _____ PHONE: _____
EMAIL: _____

2. FATHER'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____

OCCUPATION: _____
EMPLOYER: _____

CURRENTLY A MEMBER OF EVRYTANIAN ASSOCIATION OF AMERICA: YES ___ NO ___
IF YES, HOW LONG? _____
IF NO, HAS HE EVER BEEN A MEMBER? YES ___ NO ___

3. MOTHER'S NAME: _____
ADDRESS: (IF DIFFERENT FROM ABOVE) _____

EMPLOYER: _____

CURRENTLY A MEMBER OF THE DAUGHTERS OF EVRYTANIA: YES ___ NO ___
IF YES, HOW LONG? _____
IF NO, HAS SHE EVER BEEN A MEMBER? YES ___ NO ___

4. PLEASE LIST EXTRACURRICULAR ACTIVITIES IN WHICH YOU HAVE TAKEN PART:
SCHOOL: _____

COMMUNITY: _____

5. LIST HONORS RECEIVED

6. LIST SPECIAL INTERESTS/HOBBIES/TALENTS

7. PLEASE INCLUDE ANY OTHER INFORMATION YOU FEEL THAT WILL ASSIST THE COMMITTEE IN SELECTING A RECIPIENT:

Feel free to attach an addendum



8. APPLICANT'S HIGH SCHOOL RECORD: If you are a high school senior, you must attach your official and current high school transcript with this application. If you are attending a college/university, you do not have to attach such a transcript but must fully complete the following box of Question 8.

Name of High School	Dates Attended (mo / yr – mo / yr)	Senior Class Standing (out of)	Grade Point Average

9. LIST COLLEGES/UNIVERSITIES IN WHICH YOU HAVE BEEN ACCEPTED AND WILL ATTEND OR ARE ATTENDING: If you are attending a college or university, you must attach your official and current transcript from your college or university with this application.

Name of Institution	Accepted	Attending	Dates Attended	Yearly Costs	Grade Point Average

10. WHICH FIELD OF STUDY DO YOU PLAN TO PURSUE/ARE PURSUING? _____
WHAT ARE YOUR CAREER ASPIRATIONS? _____

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EVRYTANIAN ASSOCIATION OF AMERICA “VELOUCHI”

SCHOLARSHIP APPLICATION FORM 2019

==DEMONSTRATION OF FINANCIAL NEED==

As noted in the Instructions for this application, the other half of the selection criteria is based on financial need. Accordingly, the Scholarship Committee requests the following information from you. Be assured that the Committee will use such information only for the selection process, will be treated with the strictest confidence, and will be destroyed upon the completion of the selection process.

1. Are you financially independent of your parents/guardian and receive no financial assistance from them?
_____ Yes _____ No

2. If yes, indicate:
 - a) Place of employment: _____
 - b) Position: _____
 - c) Supervisor's name: _____ Telephone number: (_____) _____ - _____
 - d) Your annual gross income: _____
 - e) Attach a copy of your completed front and signature pages of IRS * Form 1040 (or 1040A, 1040EZ) filed with IRS by 15 April of current year. If you are married and your spouse is filing separately, you must also attach your spouse's front and signature pages of the corresponding IRS form for the same year.
 - f) Attach two sealed and signed letters of two persons who are not your relatives but know of your need for financial assistance. (Skip to Question 4.)

3. If your answer to Question 1 above is no, indicate:
 - a) Parents/guardian total gross annual income: \$ _____
 - b) Attach a copy of your parents or guardian's completed front and signature pages of the appropriate IRS form filed with the IRS by 15 April of the current year. In the event your parents are submitting separate returns to the IRS, then copies of the front and signature pages of the corresponding IRS forms must be attached for both parents.
 - c) Attach two sealed and signed letters of two persons who are not your relatives but know of your need for financial assistance.
 - d) Do either of your parents or guardian receive Social Security benefits? ___ Amount: \$ _____
 - e) Do either of your parents or guardian receive military benefits? ___ Amount: _____
 - f) Number of dependents: _____ List below, include parents, dependent children, aged relatives, or others reported on Income. (If more room is needed please feel free to use another sheet of paper.)
 - g) Are there other dependents attending college? ___ If yes, annual cost: \$ _____
 Amount of financial aid: _____

Name	Age	Attending College?	Name	Age	Attending College?

4. Please provide any additional information which will help define your need for financial assistance:

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COUNSELOR'S REPORT FOR SCHOLARSHIP APPLICANT

Dear Counselor:

_____ has filed an application for a scholarship with the Evrytarian Association of America. These scholarships are based on both financial need as well as scholastic activity. We appreciate any information you may provide which would help us to determine our scholarship awards.

1. How long has the applicant been a student in your school? _____
2. Your evaluation of the applicant is based on:
 - a. Personal acquaintance
 - b. Casual acquaintance
 - c. Reports of instructors
 - d. School records
 - e. Personal observations
3. Please attach transcript of grades.
4. Please indicate your personal rating of the applicant by appropriately placed check marks.

RATING	SCHOLASTIC ABILITY	PERSONALITY	LEADERSHIP	CHARACTER	EXTRACURRICULAR ACTIVITIES
EXCELLENT					
GOOD					
FAIR					
POOR					

5. Please provide any further helpful information regarding this applicant. (You may use additional paper.)

Name: _____ Position: _____

Signature: _____

School: _____

Address: _____

Telephone(s): (_____) _____ - _____ or (_____) _____ - _____

E-mail: _____

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