



**4TH ANNUAL AHEPA
JOURNEY TO GREECE 2**
Application for Participation

**UNIVERSITY of
INDIANAPOLIS.**
ATHENS CAMPUS

I hereby apply for participation in the AHEPA Journey to Greece 2009.

(Please print or type)

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Primary Email _____

Cell Phone _____ Alternate Email _____

Date of Birth _____ Place of Birth _____

I am a student at _____ Year in School: _____

CHECK ONE OR BOTH JTG Sessions:

_____ Session #1: July 5-July 19 _____ Session #2: July 20-August 12

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

CHECK ANY OF THE FOLLOWING (if applicable):

_____ I am a member in good standing 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 _____.

_____ Returning member of the JTG. _____ Brother or sister of former member of JTG.

_____ Relative or friend attended JTG: _____

Requirements for all Applications:

1. Students must have a 3.0 GPA (3.2 for high school seniors).
2. Transcripts of most recently completed school semester.
3. Letter of recommendation from academic advisor or instructor.
4. An essay giving your reasons for applying for this program.
5. A recent photograph.
6. Deposit payment of \$500.00 for either or both sessions.
7. Students must be admitted to a university or classified as seniors in high school.
8. Seniors in high school must be 17 years old and have a letter from the counselor that states that they will be able to handle college level course work.

Date _____ Student's Signature _____

Parents Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Primary Email _____
Cell Phone _____ Alternate Email _____
Date _____ Signed: _____
Parent or Legal Guardian

Application deposit of **\$500.00** is to accompany the application form.
Make checks payable to: **AHEPA Educational Foundation.**
CREDIT CARDS (Visa or MasterCard) Number: _____
Expiration Date: _____ Name on the Card: _____

Mail with payment on or before Deadline to:
AHEPA/Journey to Greece 2009
1909 Q. Street, NW, Suite 500
Washington, DC, 20009

Ahepa Headquarters (202) 232-6300, ahopa@ahopa.org

Additional Information:
Program Director – Dr. James F. Dimitriou, PSP
email: jfdplato@aol.com,
Tel: (310) 375-5544 Fax: (310) 378-7596

Please note:

1. Students should apply for their passports early, to avoid complications!
2. All students must have evidence of travel insurance (health, baggage, etc.)
3. Group flights are arranged by the AHEPA and will be available for both West Coast and East Coast departures. Chris Boycian at European Travel will arrange all flights and connections. E-mail: chris@europtours.com. Tel: 213-624-4888 Ext. 106
4. Copy of their Birth Certificate and front page of their passports must be sent to AHEPA.
5. Students should have an ATM card by time of departure for foreign exchange during travel.
6. More exciting updates and bulletins will follow for all accepted to the program.

UPDATED DEADLINE: April 30, 2009