



UNIVERSITY of
INDIANAPOLIS

ATHENS CAMPUS



NATIONAL HELLENIC SOCIETY

5TH ANNUAL AHEPA
JOURNEY TO GREECE 2010
Application for Participation

I hereby apply for participation in the AHEPA Journey to Greece 2010.

(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 3-July 16 _____ Session #2: July 10-August 6

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 _____

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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 2010

1909 Q. Street, NW, Suite 500

Washington, DC, 20009

Ahepa Headquarters (202) 232-6300, ahempa@ahempa.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. Copy of their Birth Certificate and front page of their passports must be sent to AHEPA.
4. Students should have an ATM card by time of departure for foreign exchange during travel.
5. More exciting updates and bulletins will follow for all accepted to the program.

EXTENDED DEADLINE: April 30, 2010