



GARA Hellenic Scholarship

1. Scholarships are awarded with out restriction as to academic discipline or course of study to qualifying full-time students who are in or who have completed their senior year of high school.
2. To be eligible, an applicant must be of Greek descent and cannot be related to a member of the Selection committee.
3. The number and amount of scholarship awards will be determined by the Trustees of the Fund.
4. The weighted criteria for judging Applications are Scholastic Attainment 33.33%, Financial Need 33.33%, Essay 23.34% and GARA Membership Status 10%. The awards decisions will be determined from composite rankings made by members of the GARA Scholarship Selection Committee.
5. In January of each year, copies of the Applications will be sent to GARA headquarters and to all high schools in the Greater Chicagoland Metropolitan area for distribution to potential awardees.
6. The application must be on standard application form as furnished by GARA, or a clear photocopy reproduction.
7. Other information that an applicant believes may be of assistance to the Special Selection Committee should be provided on an additional sheet attached to the Application.
8. Official grade transcripts must be forwarded directly to the Special Selection Committee by the high school registrar (please allow two weeks from the date of request). It is the applicant's responsibility to assure that the transcript has been forwarded.
9. A copy of pages 1 and 2 of the most recent Federal Income Tax return – Form 1040, 1040A or 1040EZ, for each applicant and each parent must be attached (event if not required by the IRS). A copy of any application for federal student aid for the upcoming school year and a copy of any financial aid award letter must also be attached with the Application.
10. The application should be reviewed by completeness and accuracy before submission.
11. Awardees to finally qualify will be requested to submit a 3 x 5 head and shoulder photo. Suit coat required, as is tie for male applications. This is for publication purposes.
12. The application must be completed in detail. All information must reach the Special Selection Committee postmarked no later than April 30 of the year for which the award is sought. Incomplete applications will be penalized, reducing the points needed to win a scholarship award.
13. After the composite rankings have been consolidated, the Special Selection Committee will submit the rankings to the Trustees of the Fund.
14. The Trustees will review the rankings and notify all applicants of award decisions on or about June 30th.

Trustees – c/o GARA, 2604 Dempster Street, Ste 208, Park Ridge, IL 60068
George Karas
Scholarship Selection Committee

Application for GARA Hellenic Scholarship Fund Award

Dear Applicant:

This checklist is offered as an aid to you in reviewing your Application to ensure that all information is completely and accurately stated and that all additions have been verified. You may place a check mark in the appropriate column on each line as you review that item in the Application form. Checklist need not be returned.

Description	✓
I am of Greek descent	
I am not a relative of any member of the Selection Committee	
I am a full-time student who has completed or in my senior year of High School	
Name: Full first name, full middle name and last name	
School address and telephone number	
College, I attend or at which I have been accepted	
My employment: present and anticipated	
Sources of Income	
Expenses	
GARA Status indicated	
Essay typed, no more than 5 paragraphs, attached on separate sheet	
High School Transcript requested to be sent to GARA directly	
Income tax returns attached	
Other information, in concise and typed format, provided in separate sheet attached to application	

*Thank you for your interest in GARA and the Hellenic Scholarship Fund
The Trustees of the GARA Hellenic Scholarship Fund*

Application for GARA Hellenic Scholarship Fund Award

- A. Full Name _____ Home Phone_____
- B. Home Address _____
- C. High School_____
- D. High School Address _____Phone _____
- E. College you attend/colleges at which you have been accepted:_____
- F. Current employment: dates, employer’s name and address, position and work performance

G. Anticipated summer employment – detail as above

H. Actual/anticipated employment during freshman year of college – detail as above

Financial Recourses	Academic Years Actual 2026-27	Academic Years Actual 2027-28
Personal Earnings		
Parental Assistance		
Savings		
Loans		
Scholarships & Grants		
Gifts/Trusts from Family		
Other		
Total:		

Application for GARA Hellenic Scholarship Fund Award

Expenses	Academic Years Actual 2026-27	Academic Years Actual 2027-28
Tuition		
Special Fees		
Books & Supplies		
Room & Board only		
Frat. Dues & Social		
Other Social & Recreation		
Clothing		
Medical Expenses		
Life Insurance		
Car Insurance		
Personal Items		
Travel: Home/Campus		
Laundry & Cleaning		
Other		
Total		

K. GARA Status – Check one

Member, Active Participant ☐ Member ☐ Non-Member ☐ Other ☐

L. Essay: Please explain, in up to 5 paragraphs, how you Greek Heritage has impacted your life experiences. Your signature below constitutes permission for use by the GARA Special Selection Committee of the information contained in the application and the attached documentation, as the Committee may deem appropriate for scholarship grant purposes.

I hereby declare all the information above to be true, accurate and complete.

Applicant's signature and date: _____

*Academic Year is the 12-month period concluding on or about June 1.