

SAINT NICHOLAS GREEK ORTHODOX CHURCH

520 SOUTH PONCA STREET

BALTIMORE, MARYLAND 21224

**2024 Koutsonouris Scholarship Application**

Any student whose family is a member in Good Standing with the Saint Nicholas Greek Orthodox Church, 520 South Ponca Street, Baltimore, MD 21224, and is a High School Senior continuing his/her education at either a 4 Year or 2 Year College will be eligible to apply for this scholarship award. Please provide a copy of the Acceptance Letter with the Registrar Seal of the University or College in a sealed envelope.

The Saint Nicholas Greek Orthodox Church will award the Scholarship from the Koutsonouris Memorial Scholarship Program to a student of the Saint Nicholas Community. The following criteria will be used in the selecting the winner:

1. Financial Need
2. Good Character
3. Academics
4. Leadership in Schools
5. Service to Our Church Community

The following items must be enclosed in one envelope in order for the application to be processed and accepted:

1. Fully Completed Application
2. Official Copy of the most recent High School or College Transcripts
3. Recent photograph of the candidate
4. Short Essay (No longer than 300 words) explaining your plan of study, ambition, and career goals.
5. Document proving that you are of Greek Descent.

Completed Applications should be Postmarked no later than Saturday June 1<sup>st</sup>, 2024.

Applications should be mailed to the following address:

Argie Maurakis  
1649 Minor Lane  
Hayes, VA 23072

The recipient will be notified by July 3<sup>rd</sup>, 2024. The recipient must be present to be awarded at the end of the Divine Liturgy on Sunday, July 7<sup>th</sup>, 2024. Each recipient is eligible to receive this scholarship only one time. Candidates without online access can get a copy of the Application in the Saint Nicholas Greek Orthodox Church Office.

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*Koutsonouris Memorial Scholarship*

*ANNUAL SCHOLARSHIP APPLICATION*

Attach recent photograph and two letters of reference

1. Name of Applicant: \_\_\_\_\_ Sex: \_\_\_\_\_

2. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

3. Birthdate: \_\_\_\_\_ Birthplace \_\_\_\_\_

4. Member in Good Standing at St. Nicholas Greek Orthodox Church: \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Father's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

6. Mother's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

7. Name and dates of High School (s) attended:

NAME

DATE

_____	_____
_____	_____
_____	_____
_____	_____

(If more space is required, please list on back of this page)

8. List any high school activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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9. List the activities in which you have participated in each category. Please give the area of responsibility that you held.

CHURCH

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

RESPONSIBILITY

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

COMMUNITY

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

RESPONSIBILITY

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

10. List any special honors or achievements during the past three years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Approximate rank in your high school graduation class. (If Available). \_\_\_\_\_

12. Name of college or university to which have been accepted: \_\_\_\_\_

\_\_\_\_\_

13. Course Preference. State course in which you have been accepted: \_\_\_\_\_

\_\_\_\_\_

14. What are your vocational objectives:

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

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15. Do you have sufficient funds to pay the cost of your college tuition? \_\_\_\_\_

16. Can or will your parents help pay your college expenses? \_\_\_\_\_

Financial Statement:

A. Estimate expenses for the next year:

1. Tuition \_\_\_\_\_

2. Books. \_\_\_\_\_

3. Room and Board (If applicable) \_\_\_\_\_

4. Transportation \_\_\_\_\_

5. Other Expenses \_\_\_\_\_

TOTAL: \_\_\_\_\_

B. Estimate your resources for the next year:

1. Family help \_\_\_\_\_

2. Employment \_\_\_\_\_

3. Personal Savings \_\_\_\_\_

4. Loans \_\_\_\_\_

5. Grants \_\_\_\_\_

6. Other \_\_\_\_\_

TOTAL: \_\_\_\_\_

17. Have you received a scholarship for this year? \_\_\_\_\_

(If, Yes) Amount of Scholarship: \_\_\_\_\_ Name of Organization \_\_\_\_\_

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18. In your opinion, what are the special facts, which you would like the committee to consider in connection with your case. Please explain. If more room is needed, please use other side.

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All Information given in this application is correct to the best of my knowledge.

Signe this \_\_\_\_\_ Day of \_\_\_\_\_, 2023

Applicant's Signature: \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_

Print Name(s): \_\_\_\_\_

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This section is to be filled in by the Principal or Guidance Councilor. If you are attending an institution of higher education, please enclose a copy of your latest school transcripts in addition to the high school record.

1. Student's Name: \_\_\_\_\_

2. Student's Address: \_\_\_\_\_

3. Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

4. Number in Graduation Class: \_\_\_\_\_ Applicant's Numerical Rank: \_\_\_\_\_

5. Scholarship Record (If you prefer to send your own forms or photo static copy please attach to this sheet) Attachment: \_\_\_\_\_

20\_\_ to 20\_\_ Yr \_\_\_\_\_ School: \_\_\_\_\_

20\_\_ to 20\_\_ Yr \_\_\_\_\_ School: \_\_\_\_\_

20\_\_ to 20\_\_ Yr \_\_\_\_\_ School: \_\_\_\_\_

20\_\_ to 20\_\_ Yr \_\_\_\_\_ School: \_\_\_\_\_

6. Test Results: General Aptitude for college level achievements:

a. Above average: \_\_\_\_\_ Average: \_\_\_\_\_ Below Average \_\_\_\_\_

b. Strong Subject Matter Areas: \_\_\_\_\_

c. Weak Subject Matter Areas: \_\_\_\_\_

d. Special talents and achievements (Music, Art, Writing etc.) \_\_\_\_\_

7. Remarks, outstanding activities and achievements: \_\_\_\_\_

8. Date applicant graduated or will graduate: \_\_\_\_\_

9. Letters of recommendation must come sealed with packet.

Principal or Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Contact number: \_\_\_\_\_