

**AHEPA EDUCATIONAL FOUNDATION  
2008 JOURNEY TO GREECE**

**Application for Participation**

I hereby apply for participation in the AHEPA Educational Foundation Journey to Greece 2008 program.

**(Please print or type)**

**Students Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Primary E-mail:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Alternate E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**I am a student at:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

**CHECK ONE (if applicable):**

\_\_\_\_\_ I am a member in good standing of Chapter No: \_\_\_\_\_ 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 Chapter No. \_\_\_\_\_ or, Daughters of Penelope Chapter No. \_\_\_\_\_ Located in \_\_\_\_\_.

\_\_\_\_\_ I am not, nor are any of my immediate family members, members of the AHEPA family.

\_\_\_\_\_ I am a returning member of a prior Journey to Greece program.

\_\_\_\_\_ I am a Brother or sister of a former Journey to Greece program participant.

**DOCUMENTS REQUIRED — Applications will not be considered if not accompanied by the following:**

- 1. Copy of birth certificate.**
- 2. Transcript of most recently completed high school or college semester.**
- 3. Letter of recommendation from a teacher, professor, counselor or a member of the clergy.**
- 4. A letter giving your reasons for applying for this program.**
- 5. A recent passport photograph.**
- 6. Students must be in the 12<sup>th</sup> grade or a University program**

Date \_\_\_\_\_  
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Student's Signature \_\_\_\_\_

**PARENTS AFFIDAVIT -**

I have read "The AHPEA EDUCATIONAL FOUNDATION JOURNEY TO GREECE RULES AND REGULATIONS," I hereby consent and agree to those rules and regulations, and I assume full personal responsibility for the actions of my son or daughter.

**(Please print or type)**

**Parents Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Parents Primary E-mail:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Parents alternate E-mail:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian

**Place the following items:**

- Item 1: This application signed and dated.
- Item 2: Copy of birth certificate.
- Item 3: Copy of most recent transcript.
- Item 4: Letter of recommendation.
- Item 5: Letter giving your reasons for applying for this program.
- Item 6: Your passport photograph.

In a 9 x 11 or 10 x 12 manila envelope, and send it by:

**CERTIFIED MAIL POST MARKED NO LATER THAN MARCH 1, 2008**

To:

**Order of AHEPA, Las Vegas Chapter 314  
c/o Gilbert Kyprianou, Secretary  
4064 Spitze Drive  
Las Vegas, NV 89103-2505**

For questions please call (702) 876-3178

**Thank You**, and good luck in your academic endeavors.

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 student's birth certificate and front page of their passports should be sent to AHEPA.
4. Students should have an ATM card prior to departure for foreign exchange during travel.