



Webster
UNIVERSITY

**12TH ANNUAL AHEPA
JOURNEY TO GREECE 2017
Application Form**

Requirements for all Applicants:

1. All Students must provide evidence of **good academic standing** (official transcript or official letter)
2. Transcripts of most recently completed school semester. (All Students must provide)
3. Letter of recommendation from academic advisor. (All Students must provide)
4. 2016 W-2 or Federal Tax submission. (Needed to assess financial need base)
5. A most recent **PASSPORT SIZE** (2"x 2") photograph. (All students must provide)
6. Deposit payment of \$995.00 for program. (Must accompany application)
7. Students must be admitted to a university or recently graduated High School and at least 18yrs old.
8. Recently graduated High School students (18yrs and over) must provide a High School transcript or submit a copy of their University enrollment form or else apply for admission to Webster.
9. Copy of their Birth Certificate and front page of their passports and State or Federal issued I.D. (Driver's License) must be sent to AHEPA

I hereby apply for participation in the AHEPA Journey to Greece 2017.

(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:** _____

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 / Member # _____

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. _____ / Membership # _____

Located in _____

Date _____

Student's Signature _____



Webster
UNIVERSITY

Parents Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Primary Email _____

Cell Phone _____ Alternate Email _____

Date _____ Signed: _____
(Parent or Legal Guardian)

Application deposit of **\$995.00** is to accompany the application form.
Make checks payable to: AHEPA Educational Foundation.

CREDIT CARDS (Visa, MC, AMEX, DISC)

Number: _____

Expiration Date: ____ / CVV Code: _____ Name on the Card: _____

Mail with payment on or before Deadline to:

AHEPA/Journey to Greece 2017
1909 Q. Street, NW, Suite 500
Washington, DC, 20009

Tel: (202) 232-6300 / Fax: (202) 232-2140
E-mail: ahepa@ahepa.org

For Additional Information, Contact:

Tom S. Mazarakis

JTG Program Director in Greece

E-mail: tommazarakis@hotmail.com / mazarakist@webster.edu

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. Students must apply for their passports in winter to avoid problems!
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. Each course descriptions and syllabus will be posted at www.ahepa.org/journey.
7. More exciting updates and bulletins will follow for all accepted to the program.
8. UINDY will provide Transcript Request Forms to transfer credits to your universities.