MID-EASTERN FEDERATION OF GREEK ORTHODOX CHURCH MUSICIANS

SCHOLARSHIP APPLICATION

Application Deadline is Midnight, May 1st

The Mid-Eastern Federation of Greek Orthodox Church Musicians (MEFGOX) recognizes the importance of education and training to its church musicians. Education develops a higher level of musical expertise in music theory and composition, voice, choral music, Byzantine chant, choral conducting, piano and organ accompaniment and music education. To encourage its Church musicians in its Federation Parishes to seek musical education and training, the MEFGOX offers financial assistance through its Memorial Scholarship Program.

To accomplish this, the Federation established a Memorial Scholarship Fund designed to grant scholarships to parishioners of the Greek Orthodox Metropolises of Detroit and Pittsburgh in the Greek Orthodox Archdiocese of America whose parishes are in good standing as stewards. Scholarships are to be used for private lessons, classroom instruction, tuition, books, and instructional materials in the areas of music noted above. It is expected that scholarship recipients will one day utilize this training of their talents, in part, in service to the Greek Orthodox Church and its ministries.

Please read through the entire document before completing it. Type or print responses

| Applicant's Full Name | Applicant's Social Security No. | | |
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| | () | | |
| Applicant's Street Address | Applicant's Telephone No. | | |
| Applicant's City, State, Zip Code | Applicant's E-Mail Address | | |
| Applicant's Parish Name | Applicant's Parish City and State | | |
| Financially dependent applicants must | complete the information below | | |
| Applicant's Father or Male Guardian's Name | Applicant's Mother or Female Guardian's Name | | |
| Street Address | Street Address | | |
| City, State, Zip | City, State, Zip | | |
| ()Telephone No. | Telephone No. | | |
| Father's Occupation | Mother's Occupation | | |
| Financial Status Net annual Family Income, if Applicant is fina | ncially DEPENDENT | | |
| Net annual Income, if Applicant is financially | INDEPENDENT | | |
| Applicant's contribution towards Family Incon | ne | | |
| Applicant's estimated school expenses per year | r | | |
| Will Applicant live at home, or away | from home? Will Applicant work at school?YesNo | | |

On a separate sheet of paper, please provide the following information:

- 1. Explain any extenuating family circumstances the Scholarship Committee should consider regarding dependencies, illness or special needs.
- 2. Explain if other siblings in the family are enrolled in tuition-based schools and the estimated expenses Applicant's family will incur this academic year.
- 3. When did (or will) Applicant graduate from high school?
- 4. Most recent diploma or degree earned by applicant (offer degree name, date of issue, conferring institution); include major(s) and minor(s) areas of study.
- 5. List music-related extra-curricular activities, affiliations, or awards and the years of participation in these activities.
- 6. List non-music related extra-curricular activities and the years of participation in these activities.
- 7. Statement of Applicant. Give a brief biographical sketch of yourself, including your ambitions regarding music, your reasons for seeking musical training, your benefit to parish life (GOYA, YAL) and its church music programs (i.e. choir, youth choir, chant) and any special circumstances relevant to this application.

This completed application form must be accompanied by:

City, State, Zip Code

- a notarized school transcript, including current SAT or ACT scores;
- three (3) letters of recommendation from non-family members, including one from either your parish; priest, choir director, chanter, or a key church musician of your parish;
- a statement (100 words), typed/printed ,on how you the MEFGOX scholarship will be used;
- a statement from your parish priest or treasurer that Parish Federation Stewardship is current.

NOTE: Your application will be processed <u>only</u> when all the requested documents are received. Please attach all requested documents together and return them <u>no later than Midnight</u>, **May 1st** to:

Mr. Dan Packis, MEFGOX Memorial Scholarship Program 4651 Greenview Court.

Avon, Ohio 44011

Home (440) 937-9531 or E-mail: dpackis@roadrunner.com

| Home (440) 937- | 9531 or E-mail: dpackis@roadri | unner.com | |
|--|---|-----------------------------|--------------------------|
| In processing your application, a ther by phone or in person. Please indicates | | | or a personal interview, |
| | * * * * * * * * * * * * * * * * * * | * * * * | |
| I hereby apply for a scholarship offere cholarship Program to assist me in advanuring the academic year ay knowledge. Fabricated information with the control of the contr | cing my musical career at the coll. The foregoing statements are | lege, university, or traini | ng program of my choice |
| Applicant's Signature | Print Name | | Date |
| In the event I am selected to receive a | MEFGOX Scholarship, please se | end my award to: | |
| College, University, Training Program | | | |
| Office or Department | | () Telephone No. | |
| Mailing Address | | _ Attention: | |
| Mailing Address | | | |

Administrator's Name