



Daughters of Penelope Echo #4

Oakland, California

Daughters of Penelope, Echo #4, Scholarship for Women Students in 2020

DOP Scholarship

The Daughters of Penelope, Echo Chapter #4, is now accepting applications for their DOP Scholarship for 2020. Two (2) recipients will be chosen to receive a \$1,000 scholarship each.

Applicants must:

- Be a female, seventeen (17) years of age or older at the time of application.
- Be a legal resident of Alameda or Contra Costa Counties, California.
- Plan to attend an accredited college or university in California beginning in the Fall of 2020.
- Have a cumulative GPA of 3.0 or above. (Please include a copy of your transcripts.)
- Must demonstrate quality involvement with others via work, school, family, religious affiliation, or the community.
- Optional: Submit a copy of their Student Aid Report. (Received after filing a "Free Application for Federal Student Aid" form.)

**Application Deadline:
Thursday, April 30, 2020 at 11:59 pm Pacific Time**

Scholarship winner will be notified on or around May 31, 2020.

Hellenism, Education, Philanthropy, Civic Responsibility, Family and Individual Excellence

The Daughters of Penelope was the realization of Alexandra Apostolides' dream. Her desire was to create a woman's organization to promote Hellenism, education, philanthropy, civic responsibility and family and individual excellence. On November 16, 1929, she formed EOS Chapter #1 with 25 charter members in San Francisco, California. She was elected the first Grand President of the organization in 1931.

Today the Daughters of Penelope is a leader in philanthropic, educational and cultural activities with local chapters in the United States, Canada, Greece, and Cyprus. The Daughters of Penelope is non-partisan and non-denominational.

College scholarships for women are just one among many helpful resources available to females who are hoping to minimize the gender gap and pursue equality amidst their male counterparts. With that goal in mind, this scholarship does not discriminate on the basis of race, color, religion, national origin, disability, marital status, sexual orientation, or military status.

Scholarship Details: The DOP Scholarship is awarded by Echo Chapter #4 (Oakland, CA)

Scholarship Deadline: Thursday, April 30, 2020

Number of Recipients: Two awards offered annually

Award Amount: Two (2) \$1,000 scholarships offered annually, non-renewable. The Scholarship prizes will be in the form of checks made payable to the accredited colleges attended by the scholarship prize recipients (once the scholarship prize recipients have enrolled in an accredited college or university and submitted proof of enrollment to the sponsor.) The scholarship prize recipients must submit proof of enrollment on or before September 30, 2020.

Requirements: Must be 17 years of age or older at the time of application.
Must be a legal resident of Alameda or Contra Costa Counties, California.
Must plan to attend an accredited college or university in California beginning in the Fall of 2020.
Must have a cumulative High School or College GPA of 3.0 or above.
Must be able to demonstrate service to others.
This award is for female students only.

DOP SCHOLARSHIP APPLICATION

Your completed application packet must be received no later than
Thursday, April 30, 2020 at 11:59 pm
Please remit to:

Daughters of Penelope, Echo Chapter #4
Scholarship Committee
c/o Linda Cliff
Scholarship Committee Chair
18593 Carlwyn Drive
Castro Valley, CA 94546
or
Linda.Cliff@gmail.com

I, _____, affirm my wish to be considered for the DOP Scholarship. Permission is hereby granted to officials of my institution to release transcripts of my academic record and other requested information for consideration in the DOP Scholarship. I understand that the information on this application will only be available to the DOP, Echo Chapter #4, Scholarship Committee as needed to determine my eligibility and qualifications.

This application, including my free-form text responses, is my own work. I affirm that the information contained herein is true and accurate to the best of my knowledge.

Date: _____ **Signature:** _____

A. Your Biographical Information

Legal Full Name:		
First	Middle	Last
Permanent Residence:		
Street Address		
City		
State		
Zip		
Send Notification in April to: (if different from permanent residence)		
Street Address		
City		
State		
Zip		
Telephone:		
Home	Cell	Other
Email Address:		

B. Your Educational Background

Beginning with the school you currently attend, please list all schools you've attended in the past four (4) years: (Use the back of this sheet if necessary)			
School	Location (City, State)	Dates	GPA
1.			
2.			
3.			
4.			
What college or university do you plan to attend in the Fall of 2020?			
School	Location		
Have you already been accepted to the above college or university?			
Yes	No		
What degree do you plan to pursue next? (Example: BA in English, Masters in Journalism)			
If you are already attending a college or university, what is your current major?			
When do you expect to receive your degree?			

C. Your Influence in the Community

<p>DOP is a non-profit organization. This scholarship will give preference to applicants who demonstrate a commitment to helping others, or making a positive impact in their community. Please list public service and community activities in which you've participated. Describe the organization, your duties, the dates of your participation and how community benefited from your involvement.</p>
--

D. Your Aspirations

How will your education help you meet your career aspirations and what are your future career goals?

Why are you a good candidate to receive this award? What special attributes or accomplishments set you apart? What else should we know about you in order to decide in your favor?

E. Your References

Please provide us with the name and contact information for your high school counselor or one college faculty member/adviser who would be willing to either write a letter of recommendation or to speak with us regarding your qualifications for this scholarship.

Name _____
Address _____
City, State Zip _____
Phone, Cell Phone _____
Position/Relationship _____
Email _____

**Thank you for your interest in the
DOP Scholarship**