2019 ELIGIBILITY REQUIREMENTS

For the twenty-ninth consecutive year the members and directors of the Gerondelis Foundation, Inc., will grant college scholarships to first year college students in the amount of up to $5,000.00 each, depending on the number of qualified applicants who meet the following eligibility requirements:

I. The applicant must:

- Reside or attend school in Essex County and be a member of the 2019 graduating class of any public or private high school;

- Rank in the upper fifteen percent of his or her class or have achieved a combined Evidence-Based Reading and Writing score and Math score of at least 1200 on the SAT I test; or a composite score of 27 on the ACT;

- Officially be admitted to a four year college or university; and

- Be of at least one-half Greek lineage.

II. The applicant must submit the following:

- A completed 2019 scholarship application.

- A certified copy of the applicant's high school transcript which reflects his or her class rank at least through the first half of the applicant's senior year. If rank is not available, please ask your school counselor to indicate decile or quartile in your class on your transcript. This information must be included in order for the application to be complete.

- A copy of the High School Profile

- A letter of admission to a four-year college or university

- Proof of ancestry (birth or baptismal certificate of the applicant and, if necessary, the parent)

- A copy of the applicant’s standardized testing score report reflecting SAT or ACT scores

III. All qualified applicants in any year will receive scholarships in equal amounts. The amounts may vary each year depending upon the number of qualified applicants. These awards carry no work or repayment requirements.

IV. Our plans are to distribute between $60,000 and $100,000 per year.

V. Awards will be made to all those who meet these requirements. Payments will be made directly to students who present the foundation with a paid bill for the first semester's tuition.
2019 Scholarship Application

NAME______________________________________
(First) (Middle) (Last)

ADDRESS____________________________________ TELEPHONE________________________
_____________________________________________ E-MAIL______________________________

DATE OF BIRTH__________________________ PLACE OF BIRTH ________________________

FATHER'S NAME__________________________ FATHER'S PLACE OF BIRTH__________________

FATHER'S ADDRESS______________________________________________________________

MOTHER'S NAME__________________________ MOTHER'S PLACE OF BIRTH________________

MOTHER'S ADDRESS (if different)____________________________________________________

EXPLAIN HOW YOU HAVE AT LEAST ONE-HALF GREEK LINEAGE (submit the
applicable documentation listed on the back of this form as proof of ancestry)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

HIGH SCHOOL CURRENTLY ATTENDING______________________________________________

NAME OF FOUR-YEAR COLLEGE/UNIVERSITY YOU WILL BE ATTENDING THIS FALL
______________________________________________________________________________
I HAVE ENCLOSED THE FOLLOWING MATERIALS

_____  2019 Completed Gerondelis Scholarship Application Form

_____  Certified High School Transcript reflecting
   ❑ Final Class Rank – If your high school does not rank, please include GPA and school profile

_____  Standardized Testing
   ❑ SAT test scores or
   ❑ ACT scores

_____  Letter of Admission to 4-year college/university

_____  Proof of Ancestry
   ❑ Applicant’s long form birth certificate
   ❑ Applicant’s baptismal certificate (only if birth certificate is not available)
   ❑ Birth certificate of parent of Greek lineage

YOUR HIGH SCHOOL GUIDANCE COUNSELOR MUST MAIL THE FOUNDATION A CERTIFIED COPY OF A TRANSCRIPT WHICH REFLECTS YOUR CLASS RANK THROUGH AT LEAST THE SECOND QUARTER OF YOUR SENIOR YEAR.

BOTH THE APPLICATION PACKET AND THE TRANSCRIPT MUST BE RECEIVED NO LATER THAN July 1, 2019.

Please mail the following materials to:

GERONDELIS FOUNDATION, INC.
56 Central Avenue
Lynn, MA 01901

Attention: College Scholarship Committee