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## ***Pan-Icarian Scholarship --- Requirements/or Graduate Merit-Based 2018***

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The Pan-Icarian Scholarship (Graduate Merit-Based) is an award of \$2,500 which covers one academic year. Eligible students may receive the scholarship only once provided they: (A) remain enrolled full-time, (B) maintain a minimum of not less than exactly a 3.0 cumulative GPA, and (C) comply with all other scholarship rules and instructions. (Non-compliance will result in automatic disqualification of the application.)

**\*\*\*The Pan-Icarian Scholarship is NOT guaranteed to any applicant\*\*\***

The primary variable in determining eligibility for this scholarship is merit however financial need will be considered as a secondary variable.

### **Eligibility Requirements:**

Applicant must be of Icarian or Fournian descent through at least one parent (see #8 below)

Applicant (or one parent) must be a member of the Pan-Icarian Brotherhood at time of application and for a minimum the 4 years immediately prior to application year (see #8 below)

Applicant must be enrolled full-time in an academically accredited university graduate program (including law, medical, dental, and business school) (see #4 below)

Applicant must have a cumulative undergraduate GPA of not less than exactly 3.0 (incoming graduate students must have a final cumulative high school GPA of not less than exactly 3.0) (see #1below)

### **A Completed Scholarship Packet Must Include All of the Following:**

1. **An** official, sealed copy of applicant's most recent university transcript mailed directly from the school (or incoming graduate students should provide an official, sealed copy of final undergraduate transcript) - *Only Item Not Mailed by Applicant*
2. A completed Application Form (including this signed instruction sheet)
3. Incoming graduates students must include a copy of their letter of acceptance to the academically accredited graduate program.
4. A list of previous higher education schools attended, dates attended, major(s), and degrees received
5. A list of all relevant honors and awards received
6. A list of all extra-curricular activities and employment positions held in last five years
7. A letter from a Pan-Icarian Chapter Officer verifying that applicant (or one of applicant's parents) meets the membership eligibility criterion
8. A description of applicant's family's participation and involvement, if any, with their local chapter
9. A list of all other sources of financial aid (except your parents/legal guardians) and scholarships received (or to be received), including the amounts, dates, and duration of such funding

### **A completed scholarship packet (which includes all items from the list above) must be**

A) Neatly and legibly typed or written in blue or black ink only

B) Mailed in a single envelope with the exception of #1

C) Postmarked no later than JULY 1, 2018

Late, hand delivered, or incomplete applications will be automatically rejected

Applicant must sign to indicate that this page has been completed \_\_\_\_\_

Include this page with your application

This form may be photocopied

**Pan-Icarian Scholarship Application Form Graduate Merit-Based 2018**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Place of Birth \_\_\_\_\_ Hometown(s) in Icaria or Fourni (optional) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's place of employment and title/position \_\_\_\_\_

Mother's Name (including maiden name) \_\_\_\_\_

Mother's place of employment and title/position \_\_\_\_\_

Parents' Combined Annual Gross Income from all sources last year \$ \_\_\_\_\_

Number of siblings under age 25 \_\_\_ Number of siblings (and parents) currently in college or university \_\_\_\_\_

Chapter Name \_\_\_\_\_ Location \_\_\_\_\_

Number of years you (your parent) have been a member in good standing in the PIB \_\_\_\_\_

Have you ever applied for a Pan-Icarian Undergraduate Scholarship before? Yes \_\_\_ What year(s) \_\_\_ **No** \_\_\_\_\_

Have you ever received a Pan-Icarian Undergraduate Scholarship before? Yes \_\_\_ What year(s) \_\_\_ **No** \_\_\_\_\_

Graduate program you are attending or will attend \_\_\_\_\_ Location \_\_\_\_\_

Field of Study \_\_\_\_\_

Undergraduate college/university attended \_\_\_\_\_ Location \_\_\_\_\_

Final Undergraduate GPA \_\_\_\_\_ Current cumulative GPA \_\_\_\_\_

**Certification:**

I, \_\_\_\_\_, hereby certify and attest that I meet the eligibility requirements stated above. Furthermore, I do hereby certify and attest that the information provided, in confidence, on the application form is accurate, complete, and true. I also do hereby certify and attest that all required supplemental materials (i.e., transcripts, letters, and lists) are authentic, accurate, and true. I acknowledge that providing misleading or false information in this application automatically disqualifies my application and may prohibit me from applying for future Pan-Icarian scholarships.

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

Parent's Signature (for any applicant under the age of 25). \_\_\_\_\_ Date \_\_\_\_\_

INQUIRES should be e-mailed to: [pib-scholarship@ehadwieklakerdas.com](mailto:pib-scholarship@ehadwieklakerdas.com)  
NO PHONE CALLS WILL BE ACCEPTED

Mail Completed Scholarship Packet to:

James G Lakerdas  
Chair, Pan-Icarian Scholarship Committee  
5300 South Shore Drive #100  
Chicago, IL 60615

THIS FORM MAY BE PHOTOCOPIED