



**2026 Application & Instruction Information Sheet**  
**Post-Secondary Education Application**  
**Daughters of Penelope - Elis Chapter 89, Reno, Nevada**  
**Deadline: May 15, 2026**

The Daughters of Penelope, Elis Chapter 89 Scholarship (DOP 89) is awarded each year for post-secondary education. It is awarded to ongoing college or trade school students, college or trade school graduates preparing for further studies and students returning to college or trade school after gap years.

**(A) ELIGIBILITY REQUIREMENTS:**

1. A parent, grandparent, or legal guardian who is a member in good standing of the AHEPA-Daughters of Penelope (DOP) family may sponsor the applicant. This includes deceased lifetime members who were actively involved at the time of their passing.
2. The applicant must be a child or grandchild of the sponsor.
3. To be in good standing, the sponsor will have paid their dues for the two years (prior and current year) and attended at least 4 meetings in the current year (by the application deadline), as verified by the Chapter Secretary or Treasurer upon sponsoring the applicant. Candidates who were members of another AHEPA or Daughters of Penelope chapter and who have joined the Reno chapter will be considered under the same criteria.
4. To receive funds, the applicant must provide evidence of active attendance or enrollment in a university, community college, or trade school.
5. Application must be completed as per the instructions. **ANY INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.**

**(B) CRITERIA USED FOR JUDGING THE APPLICANTS**

Each **correctly completed** scholarship application is eligible based on the criteria below:

1. Academic achievement
2. Leadership and service in the community, school, or church
3. Strength of essay

**(C) INSTRUCTIONS TO APPLICANTS:**

1. Complete and mail the application package to the Scholarship Committee **POSTMARKED on or by May 15, 2026.**  
Please send the completed application to the address below. Mailing by certified mail is recommended for your own records.

**Mail to:**  
DOP 89 Scholarship Committee  
P.O. Box 21533  
Reno, NV 89515

**2. ALL RESPONSES ON THE APPLICATION FORM MUST BE PRINTED IN INK OR TYPED ON THE ORIGINAL FORM PROVIDED. Please do not alter the form.**

**3. Application Submittal Checklist:**

- o **SCHOLARSHIP APPLICATION FORM- FULLY COMPLETED**  
**ANY INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.**
- o **MOST RECENT OFFICIAL SCHOOL TRANSCRIPT**
- o **2 WRITTEN LETTERS OF RECOMMENDATION -- ONE FROM EACH CATEGORY BELOW:**
  - FROM TEACHER, ADMINISTRATOR OR EMPLOYER
  - FROM A COMMUNITY MEMBER - i.e. organizations, volunteer work, workplace, etc.

**Note: Letters must be HAND SIGNED and in a SEALED envelope.**

**EMAILS AND PREVIOUSLY SUBMITTED LETTERS OF RECOMMENDATION WILL NOT BE ACCEPTED.**

## **DISBURSEMENT OF FUNDS**

It is the responsibility of the award recipient to provide the Scholarship Committee with written evidence of a minimum of 6 units or part-time enrollment in advance of the **due date for tuition payment.**

**FAILURE TO PROVIDE PROOF OF ENROLLMENT BY THAT DATE WILL RESULT IN FORFEITURE OF THE AWARD. THE RECIPIENT'S LOSS OF ELIGIBILITY PRIOR TO DISBURSEMENT OF THE AWARD WILL ALSO RESULT IN FORFEITURE OF THE AWARD.**

Each award will be disbursed when registration is due for the school year and will be awarded only for the current academic school year. The award cannot be deferred. The funds will be disbursed directly to the institution of higher education that the recipient plans to attend.

## **FINAL DECISION**

**Only the recipient will be notified by August 15, 2026.**

The Scholarship Committee reserves the right to make the final decision on the award recipient as per the DOP 89 Scholarship Guidelines.

### 2026 Scholarship Application Form for Post-Secondary School Students

Applicant's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fill in the Sponsor's name (parent, grandparent, or guardian) who is a member of the Daughters of Penelope or AHEPA.

Sponsor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_ (Phone #/Email) \_\_\_\_\_

What is your planned major field of study, and in what subject area?  
\_\_\_\_\_

What institution do you plan to attend (university/college/trade/technical school)?  
\_\_\_\_\_

What degree, diploma or certificate do you plan to obtain? \_\_\_\_\_

When do you plan to enroll? Start Date of Classes? \_\_\_\_\_

**List any jobs you may have had during the past two years. Start with the most recent position. If more than two, provide the same details on a separate sheet.**

Employer: _____ Supervisor: _____ TelephoneNo: _____ Job Title: _____ Hrs. Worked per Week _____ Dates of Employment _____	Job Description: _____ _____ _____ _____ _____ _____ _____ _____
Employer: _____ Supervisor: _____ Telephone No: _____ Job Title: _____ Hrs. Worked per Week _____ Dates of Employment _____	Job Description: _____ _____ _____ _____ _____ _____ _____ _____

What is your most current GPA to date \_\_\_\_\_  
List any honors and awards you have achieved post high school.

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List any extracurricular activities post high school (School activities, community service, church, volunteering to include DOP/AHEPA events, etc.).  
Explain your involvement.

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List individuals from whom you have obtained letters of recommendation (**2 letters in total**).  
**Submit them in your packet in their original SEALED envelopes.**

- ONE Recommendation from a Teacher, Administrator or Employer
- ONE from a Community Member, i.e. organizations, volunteer work, workplace, etc.

Name: \_\_\_\_\_ Position \_\_\_\_\_ Contact (Ph#/ email) \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_ Contact (Ph#/ Email) \_\_\_\_\_

Sign and Date this application:

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE – This Space to be Completed by DOP 89 Officer:**

\_\_\_\_ Sponsor has paid dues for the prior and current DOP year (July thru August)

\_\_\_\_ Sponsor has attended at least 4 eligible meetings/events in the current DOP year (prior to application deadline)

\_\_\_\_\_  
Verifier's Name

\_\_\_\_\_  
Verifier's Position

\_\_\_\_\_  
Signature

