



AHEPA Family Charitable Foundation of Canada (AFCFC)

DR DIMITRIADIS MEMORIAL MEDICAL SCHOLARSHIP \$2,000 AWARDED

Eligibility

One scholarship is awarded to a Canadian resident enrolled in an accredited medical school studying to become an MD, at a Canadian university and are either members of the AHEPA Family (including spouses, children or grandchildren) or of Hellenic heritage (through a parent, grandparent or a spouse). The AFCFC established this scholarship in 2011 through the generosity of Dr. Dimitriadis' estate.

The application deadline is **June 1st** and applications emailed after this date or post marked after this date are not eligible.

Qualification

Required qualifications for applicants (parts A or B, and C, and D):

- A. Canadian citizen or permanent resident of Hellenic heritage by birth or adoption through at least one parent or grandparent; or a child or grandchild or spouse of a person of Hellenic heritage. **Please provide a copy**, certified by a University Professor, Priest, Chapter, District or National officer of an AHEPA Family Chapter, Lawyer, Notary Public, Medical Doctor, Professional Engineer or Certified/Chartered Accountant of any documents needed to confirm Hellenic heritage, status in Canada, date and place of birth (e.g. driver's license, relevant passport pages, birth certificate, marriage certificate, baptismal certificate, permanent resident documents).
- B. A member in good standing for at least two consecutive years of a Canadian AHEPA family chapter (AHEPA, Daughters of Penelope, Sons of Pericles and Maids of Athena); or a child or grandchild or spouse of a person who is or was a member in good standing for at least two consecutive years of a Canadian Chapter of AHEPA Canada. **Please provide a letter** to confirm AHEPA Family membership, signed by a local Chapter officer verifying the number of years (minimum 2 consecutive years) which you or at least one parent, guardian or grandparent is a member in good standing.
- C. Full-time student currently registered or accepted (proof of acceptance and intent to attend to be provided) and attending a medical program at an accredited University in Canada. **Please provide official University registration forms for the current academic year and official transcripts** of all courses completed and grades achieved. **Please provide scale and details for your University grading system as part of your application.**
- D. Successfully completed one or more years of University or College with a minimum of 18 credit hours in the previous full academic session (e.g. September to April). A minimum grade point average (GPA) of B or equivalent (3.0 in many Universities) in a full academic session. **Please provide scale and details of your University grading.**
- E. Incomplete applications will be disqualified.
- F. Only the applicants can contact the scholarship chairperson for questions/clarifications.
- G. Applicants are encouraged to apply again if not awarded in previous years however those who have been awarded are only eligible once.

Awards

The Dr. Dimitriadis Memorial Scholarship is awarded to a student of Hellenic Heritage or AHEPA family enrolled in a school of medicine at a Canadian university. The total value of the award is \$2000. If awarded a scholarship, your name as well as a recent photograph will be requested and may be publicized. Each applicant is eligible to receive the award once.

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APPLICATION FOR DR DIMITRIADIS MEMORIAL MEDICAL SCHOLARSHIP

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|--------------------------|------|------------|------|--------------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | Province: | | Postal Code: | |
| Home Phone: | | Cell Phone | | Fax: | |
| S.I.N. | | E-Mail | | | |
| Greek Language Fluency : | None | Fair | Good | Fluent | |

Please provide a list of scholarships or awards received, as well as special talents, hobbies and interests.

I am applying for the AHEPA FCFC *Dr. Dimitriadis Memorial Scholarship*. I meet all required qualifications and I am attaching all required original documents or certified copies. I certify that, to the best of my knowledge, all documents attached are authentic and all statements made are true. **I understand that false statements or falsified documents will result in automatic disqualification.**

Signature: _____ Date: _____

Points will be awarded to the applicants as follows:

1. Academic achievement will contribute points equivalent to the applicant's award grade point average (AGPA), expressed as a percentage. AGPA will be based on the average of all courses completed in the last academic year before applying (September to August).
2. A maximum of 10 points will be awarded for volunteer activities within the Hellenic Community; only non-paid activities with emphasis on last 3 years qualify; **please provide certification from responsible individuals** (e.g. activity Chairperson) indicating volunteer hours per activity.
3. A maximum 10 points will be awarded for volunteer activities outside the Hellenic Community; only non-paid activities with emphasis on the last 3 years qualify; **please provide certification from responsible individuals** (e.g. activity Coordinator) indicating volunteer hours per activity.
4. A maximum 10 points will be awarded for an essay (maximum 500 words) on "Hellenic contributions to medicine".
5. A maximum 15 points will be awarded for an essay (maximum 2 typed pages; 12 pt font) on "Why I want to study medicine and what contribution I envision making to Canadian Society upon graduation". **Please omit any personal identifying information from essay; name, name of siblings, parents, place of birth, university of study etc.**

**Completed applications and all required documents must be e-mailed or postmarked no later than
June 1st to:**

Christina Andrews
AHEPA FCFC Scholarship Committee Chairman
708 Wilkin Close NW
Edmonton, AB T6M 2H9

For additional information or to email applications: Christina.Andrews111@gmail.com or call 780-444-4511