



# 2026 Scholarship Invitation

Application Deadline: **May 15, 2026**

January 01, 2026

To Prospective Applicant,

One of the main objectives of the Daughters of Penelope has been the promotion of education amongst our membership, young Hellenes, and the community at large.

To this end, the Daughters of Penelope mandated a scholarship program and the formation of the Daughters of Penelope Foundation, Inc. to nurture, grow and maintain this scholarship program.

The Daughters of Penelope Foundation, Inc. scholarships are awarded to qualifying students enrolled in Graduate and Undergraduate programs prior to the Supreme Convention each year. The amount of scholarships will be confirmed by January 1, 2026 so please check our website for details.

Attached to this letter is the **2026 Scholarship Application**. It is very important that you review the application carefully so you can become familiar with the items which are required. **Be sure to refer to page 1 of the application for a checklist of items which must accompany your application. Incomplete applications will be disqualified.**

The fillable .pdf version of the application can also be downloaded from the internet at [www.dopfoundationinc.com](http://www.dopfoundationinc.com) or [www.daughtersofpenelope.org](http://www.daughtersofpenelope.org).

Please contact me if I can be of any assistance to you or if you have any questions.

Yours sincerely,

*Barbara Maligas*

Barbara Maligas,  
Scholarship Chairman  
10139 Cairn Meadows Drive, Spring, TX, 77379  
e. [dopfoundationscholarship@gmail.com](mailto:dopfoundationscholarship@gmail.com)  
t. 281-974-9629

*Only Applicants may inquire with the Scholarship Chairman regarding their application.*

# 2026 SCHOLARSHIP APPLICATION

Revised Jan. '26

## PART 1 ALL STUDENTS

### ☒ ELIGIBILITY & APPLICATION CHECKLIST

Please utilize this checklist of items which must be completed in your application in order to avoid disqualification.

- ☐ Have a current member of your immediate family\* or legal guardian (court appointed) in the Daughters of Penelope or the Order of AHEPA who are active and in good standing for **a minimum of 24 continuous months** prior to the scholarship deadline date, or be an active member in good standing for **a minimum of 24 continuous months** prior to the scholarship deadline date in the Daughters of Penelope, Maids of Athena, Sons of Pericles or Order of AHEPA.  
\* Immediate family means father, mother or grandparent.
- ☐ Both the affiliated Chapter President **AND** Secretary must verify membership of applicant or of immediate family by completing and signing the last section of this application.
- ☐ Also applying for a designated **Undergraduate Financial Need Scholarship?**  
**US Students** must submit a copy of the **first two pages** of their own (if independent) or their parent(s)' (if claimed as a dependent) complete IRS forms and completed Free Application for Federal Student Aid (FAFSA). Black out all Social Security Numbers.  
**Canadian Students** must submit a copy of their own (if independent) or their parent(s)' (if claimed as a dependent) T1 General Income Tax form (4 pages) and completed Financial Need Assessment form currently accepted at your university. Black out all Social Insurance Numbers. All financial information will be kept in the strictest confidence.
- ☐ Write an essay in English, double-spaced, typed or handwritten clearly and no more than two pages, about your education and vocational goals.
- ☐ **Email a wallet-sized recent photo (2" x 3" Passport-sized photo preferred)** for possible use of the Daughters of Penelope Foundation, Inc. By submitting a photo the Foundation reserves the right to use the submitted photo in publications concerning the scholarship unless a specific written objection to said use is included when the photo is submitted. **The Photo should be emailed together with the application.**

## PART 2a

### Additional **UNDERGRADUATE** Checklist items:

- ☐ The Applicant must be a High School Senior, recent High School Graduate, GED recipient, or equivalent, applying for admission to an accredited college, university or technical school, or an undergraduate at the college level.
- ☐ Official School Transcripts from the Registrar's office from High School (or GED) and/or all College(s) attended. **OFFICIAL TRANSCRIPT** is defined as a record produced by your University or College Registrar, stamped with their seal and signed by a college official, and that the school has enclosed in a signed and sealed envelope. It can be sent directly from your school to the Chair by (1) mail or (2) as an Official e-transcript. Transcripts not submitted in this manner and/or opened, will not be accepted.
- ☐ **ONE** current letter of recommendation from a past or present faculty member. Note: Letter may be mailed separately by the faculty member.
- ☐ **ONE** current letter of recommendation from a community source (i.e. employer, priest or another person who knows your vocational goals). Note: Letter may be mailed separately by the community source.
- ☐ No electronic text generation system ( e.g. Chat CPT) is to be used to write the essay.
- ☐ Signed and Dated Application (by the Applicant only).
- ➔ **Applicant must not be a former recipient of an Undergraduate award of the Daughters of Penelope Foundation, Inc. Scholarship Program.**

## PART 2b

### Additional **GRADUATE** Checklist items:

- ☐ Official evidence of acceptance to, or current enrollment in, a M.A., M.S., M.B.A., Ph.D, D.D.S., J.D., M.D., or other university post-graduate program.
- ☐ **TWO** current letters of recommendation from a past or present faculty member or current employer in the field of study. Note: Letters may be mailed separately by the faculty members.
- ☐ Official School Transcripts from the registrar's office of **ALL** colleges attended. **OFFICIAL TRANSCRIPT** is defined as a record produced by your University or College Registrar, stamped with their seal and signed by a college official, and that the school has enclosed in a signed and sealed envelope. It can be sent directly from your school to the Chair by (1) mail or (2) as an Official e-transcript. Transcripts not submitted in this manner and/or opened, will not be accepted.
- ☐ Signed and Dated Application (by the Applicant only).
- ➔ **Applicant must not be a former recipient of a Graduate award of the Daughters of Penelope Foundation, Inc. Scholarship Program. Previous Undergraduate Scholarship winners are eligible for a Graduate Award.**

## PART 3

- ☐ The applicant understands that your application and all supplementary material become the property of the Daughters of Penelope Foundation, Inc. for IRS compliance reasons and cannot be returned. You are encouraged to keep a copy of your application for your own records.

## SUBMIT BY EMAIL:

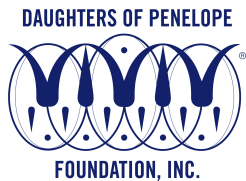
The deadline for submitting scholarship application via email is **May 15, 2026**, by **12 midnight Central Time**. Kindly include your **NAME** in the **SUBJECT LINE** of all correspondence. Ensure that all supplementary materials are also submitted before the specified deadline. For submission, please use the email address **dopfoundationscholarship@gmail.com**.

## CONTACT INFO:

Barbara Maligas,  
Scholarship Chairman  
10139 Cairn Meadows Dr., Spring, TX, 77379  
  
e. dopfoundationscholarship@gmail.com  
t. 281-974-9629

## DEADLINE!

Applications **MUST** be emailed by **MAY 15, 2026, Midnight CT**



# 2026 SCHOLARSHIP APPLICATION



Applications must be typed or handwritten clearly (online application is a fillable PDF at [www.dopfoundationinc.com](http://www.dopfoundationinc.com)).

All requirements and questions must be completed and answered or application **will be disqualified**.

Revised Jan. '26

## TELL US ABOUT YOURSELF Be sure to email a wallet-sized recent photo (2" x 3" Passport-sized photo preferred)–email the photo together with the application.

FIRST NAME	MIDDLE NAME	LAST NAME	CITIZENSHIP
DATE OF BIRTH (Month, Day, Year)	HOME ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	GRADE COMPLETED	
NAME AND ADDRESS OF SCHOOL OR COLLEGE/UNIVERSITY FROM WHICH YOU ARE ABOUT TO GRADUATE OR COLLEGE/UNIVERSITY YOU ARE ATTENDING:			

ADDRESS WHILE ATTENDING COLLEGE/UNIVERSITY (if different from Home Address above)

**SCHOLARSHIPS:** List all of the scholarships you have received, their respective amounts and year received. ☐ Applicant has typed an additional document - see attached printout

SCHOLARSHIP NAME	AMOUNT (\$)	YEAR RECEIVED
1.		
2.		
3.		
4.		

**ACTIVITIES:** List school activities (class year, high school/college societies, athletics, offices held). ☐ Applicant has typed an additional document - see attached printout

ACTIVITY	DETAILS
1.	
2.	
3.	
4.	

**HONORS:** Name scholastic honors, awards and activities achieved during the last two (2) years. ☐ Applicant has typed an additional document - see attached printout

NAME OF HONOR
1.
2.
3.
4.

**COMMUNITY:** List community activities in which you have participated ☐ Applicant has typed an additional document - see attached printout

ACTIVITY	ROLE	YEAR(S)
1.		
2.		
3.		
4.		

**FACULTY MEMBER LETTER(S):** List the name and title of a past or present faculty member whose current letter(s) of recommendation is enclosed with this application (**ONE** for Undergraduate Applicants, **TWO** for Graduate Applicants). Letters of Recommendation MAY be mailed separately by the faculty member(s):

NAME	TITLE	SCHOOL
1.		
2.		

**COMMUNITY SOURCE LETTER:** List the name and title (if applicable) of the community source whose letter of recommendation is enclosed with this application (Undergraduates only). Letters of Recommendation MAY be mailed separately by the community source:

NAME	TITLE	AFFILIATION WITH APPLICANT

**UNDERGRADUATE FINANCIAL NEED SCHOLARSHIP:** Do you also want to be considered for a designated Financial Need Scholarship? ☐ No ☐ Yes

**US Students** must submit a copy of the first two pages of their own (if independent) or their parent(s)' (if claimed as a dependent) complete IRS forms and completed Free Application for Federal Student Aid (FAFSA). Black out all Social Security Number references. **Canadian Students** must submit a copy of their own (if independent) or their parent(s)' (if claimed as a dependent) T1 General Income Tax form (4 pages) and completed Financial Need Assessment form currently accepted at your university. Black out all Social Insurance Numbers. All financial information will be kept in the strictest confidence.

## AFFILIATIONS: ARE YOU A MEMBER OF THE...

DAUGHTERS OF PENELOPE / ORDER OF AHEPA?	CHAPTER NAME & #	CHAPTER CITY	CHAPTER STATE/PROVINCE	YEAR OF INITIATION
<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please supply the following information:				
MAIDS OF ATHENA / SONS OF PERICLES?	CHAPTER NAME & #	CHAPTER CITY	CHAPTER STATE/PROVINCE	YEAR OF INITIATION
<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please supply the following information:				

**NOT A MEMBER?** If you are not a member, please list up to two immediate family members (or legal guardians) who have been Active Members in the Order of AHEPA and/or the Daughters of Penelope for **a minimum of 24 continuous months prior to the scholarship deadline**. These affiliations must be confirmed by their local chapter's President and Secretary in the "AHEPA Family Verification" section on the following page:

FULL NAME	RELATIONSHIP	CHAPTER NAME & #	CHAPTER CITY	CHAPTER STATE/PROVINCE	YEAR OF INITIATION
1.					
FULL NAME	RELATIONSHIP	CHAPTER NAME & #	CHAPTER CITY	CHAPTER STATE/PROVINCE	YEAR OF INITIATION
2.					

## UNDERGRADUATE APPLICANTS

FROM WHICH JUNIOR COLLEGE, COLLEGE, UNIVERSITY, OR ACCREDITED TECHNICAL SCHOOL DO YOU PLAN TO OBTAIN YOUR DEGREE?

HAVE YOU ALREADY BEEN ACCEPTED INTO THIS SCHOOL?	ANTICIPATED MAJOR FIELD OF STUDY	ANTICIPATED START DATE:
<input type="checkbox"/> No <input type="checkbox"/> Yes		
WHAT DEGREE DO YOU PLAN TO ATTAIN?		
<input type="checkbox"/> A.A. <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. Other:	In what subject area?	

## GRADUATE APPLICANTS

FROM WHICH UNIVERSITY DO YOU PLAN TO OBTAIN YOUR POSTGRADUATE DEGREE?

HAVE YOU ALREADY BEEN ACCEPTED INTO THIS SCHOOL?	MAJOR FIELD OF STUDY	ANTICIPATED START DATE:
<input type="checkbox"/> No <input type="checkbox"/> Yes		
WHAT DEGREE DO YOU PLAN TO ATTAIN?		
<input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> M.B.A. <input type="checkbox"/> PH.D. <input type="checkbox"/> D.D.S. <input type="checkbox"/> J.D. <input type="checkbox"/> M.D. Other:		
In what subject area?		

## AHEPA FAMILY VERIFICATION

To be completed and verified by your local chapter's President and Secretary (only). Letters of Recommendation MAY be mailed separately by the community source:

WE ARE PLEASED TO RECOMMEND (NAME OF APPLICANT)	AS A CANDIDATE FOR ANY (SELECT ONE)
	<input type="checkbox"/> Undergraduate Award <input type="checkbox"/> Graduate Award

WE VERIFY THE MEMBERSHIP OF THE **APPLICANT** IN OUR CHAPTER :

FULL NAME OF APPLICANT	MEMBERSHIP #	# OF YEARS AS A MEMBER IN GOOD STANDING (DUES PAID)
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CHAPTER NAME & NUMBER	CHAPTER CITY	CHAPTER STATE/PROVINCE	AHEPA FAMILY BRANCH (SELECT ONE)
			<input type="checkbox"/> DAUGHTERS OF PENELOPE <input type="checkbox"/> AHEPA <input type="checkbox"/> MOA <input type="checkbox"/> SOP

**OR** WE VERIFY THAT THE **IMMEDIATE FAMILY MEMBER(S)** (OR LEGAL GUARDIANS) LISTED ABOVE IN THE "AFFILIATIONS" SECTION HAVE BEEN ACTIVE MEMBERS IN GOOD STANDING WITH OUR CHAPTER FOR A MINIMUM OF 24 CONTINUOUS MONTHS PRIOR TO THE SCHOLARSHIP DEADLINE

FULL NAME	RELATIONSHIP TO THE APPLICANT	# OF YEARS AS A MEMBER IN GOOD STANDING (DUES PAID)
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1.

FULL NAME	RELATIONSHIP TO THE APPLICANT	# OF YEARS AS A MEMBER IN GOOD STANDING (DUES PAID)
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2.

### CHAPTER OFFICERS INFORMATION

CHAPTER PRESIDENT - FULL NAME	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
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FULL HOME ADDRESS	CHAPTER PRESIDENT SIGNATURE + Membership ID #
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CHAPTER SECRETARY - FULL NAME	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
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FULL HOME ADDRESS	CHAPTER SECRETARY SIGNATURE + Membership ID #
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## APPLICANT SIGNATURE (Must be signed by APPLICANT or be subject to disqualification)

In applying for this scholarship and signing below, I acknowledge and agree that all scholarship awards will be paid directly to the recipient's educational institution.

APPLICANT'S SIGNATURE ( <b>MUST</b> BE THE SIGNATURE OF THE APPLICANT)	DATE:
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X

## DEADLINE!

Applications **MUST** be emailed by **MAY 15, 2026, Midnight CT**

## SUBMIT BY EMAIL:

The deadline for submitting scholarship application via email is **May 15, 2026**, by **12 midnight Central Time**. Kindly include your **NAME** in the **SUBJECT LINE** of all correspondence. Ensure that all supplementary materials are also submitted before the specified deadline. For submission, please use the email address **dopfoundationsscholarship@gmail.com**.

## CONTACT INFO:

Barbara Maligas,  
Scholarship Chairman  
10139 Cairn Meadows Dr., Spring, TX, 77379  
e. [dopfoundationsscholarship@gmail.com](mailto:dopfoundationsscholarship@gmail.com)  
t. 281-974-9629

➔ Only **APPLICANTS** may inquire with the Scholarship Chairman regarding their application.

**THE SCHOLARSHIP CHAIRMAN WILL NOTIFY ALL SCHOLARSHIP RECIPIENTS WITH THE FINAL DECISION BY POSTAL MAIL.**

All scholarship awards will be paid directly to the recipient's educational institution. For undergraduate students: the award will be sent once **proof of full-time student status** (as defined by your educational institution) and **proof of enrollment** from this accredited College, University or Technical School is received by the scholarship chairman. For graduate students: the award will be sent once **proof of enrollment** from this accredited Graduate School/University is received by the scholarship chairman.

**CLICK YELLOW BUTTON TO PRINT**

### Email Address Requirement

Applicants should not utilize their high school issued email as it will expire upon graduation and if they are awarded a scholarship after the initial postal letter, all correspondence will be through email.

### AHEPA Family Verification

The applicant may sponsor themselves as long as they have met the requirements, otherwise it must be an immediate family member or legal guardian as defined on page 1 of application.

### Chapter Certification

The Chapter is verifying that the sponsor of the applicant which is an immediate family member or legal guardian or self has been an active member in good standing with their chapter for a minimum of 24 continuous months prior to the scholarship deadline. The affiliated chapter president and secretary of the sponsor (be it DOP, AHEPA or MOA) must sign off on this application or it will be disqualified

Lastly, I cannot stress enough the importance of a well written and thoughtful essay and letters of recommendation are in completing the application process. The evaluators want to get a sense of the individuals, their accomplishments and their goals for the future.

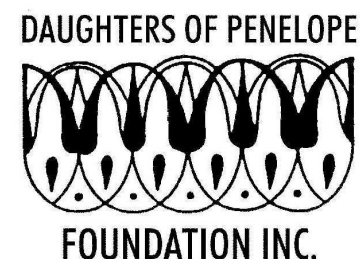


## TIPS FOR APPLYING FOR A DAUGHTERS OF PENELOPE SCHOLARSHIP

1. Review the application process early to ensure that you will be able to fulfill all the requirements in a timely manner.
2. Typed applications make a nicer presentation, online is a fillable scholarship application which will be more legible than a handwritten application.
3. Spell check and grammar check.
4. Essay should be written in paragraph form; don't re-tell what is on your application, double space, and ensure it is written without the aid of any text generation system.
5. Applicant should choose someone who will write a recommendation that can really illuminate who they are!!
6. Please verify with the person(s) who will write your letters of recommendation, that they have sent them to the Scholarship Chairman if they are sending directly to her.
7. Please use black ink! Font type should be a standard font such as Arial, Times New Roman, Calibri and size should be an 11 or 12.
8. If possible, send one PDF document creating a Scholarship Application Packet with all of your information. Save the file as your full name with birthdate Scholarship Application Packet.
9. If sending individual files to the Scholarship Chairman save the files with your full name with birthdate and the add the title of document i.e., essay, scholarship application.
10. If you are unsure of something or have a question, please contact the Scholarship Chairman. She is only a phone call or email away!!



## UNDERSTANDING THE DAUGHTERS OF PENELOPE SCHOLARSHIP PROCESS



Scholarship Chairman Email Address  
[dopfoundationsscholarship@gmail.com](mailto:dopfoundationsscholarship@gmail.com)

Website [www.dopfoundationinc.com](http://www.dopfoundationinc.com)



## The Daughters of Penelope Scholarships are Tax Free

### *What is a tax-free scholarship?*

In order for a scholarship to be tax free it must be used for tuition, books and other fees related to classes only. Further, the money must go directly to the institutions, if the money is given directly to the student, it becomes a taxable scholarship and the recipient will have to pay taxes on the scholarship.

The old school of thought was by giving the applicant the money directly, it would not interfere with financial aid assistance. However, with the new rules from the IRS in regard to tax free scholarships one must think of it this way. All students do not qualify for financial aid assistance; as well financial aid assistance does not cover all expenses of school. Most students will have to take out student loans thru government programs and private loans that will have to be paid back over time. The scholarship money will reduce the loan amount.



### Duties of the Scholarship Chairman

The duties of the Scholarship Chairman are to assist the applicant in the scholarship process. As well, she receives the applications and certifies that all requirements are met. After the scholarship applications have been evaluated by an independent evaluation committee the Chairman will then notify all applicants of their results by postal mail. Further, she will continue to work with the recipients until all other required information is obtained before mailing the checks to the institutions. She must abide by the rules and regulations set forth by the Foundation and render a report to the Foundation.

### The Scholarship Application

The application will be available online by the end of January on the Foundation website and the DOP Website it is a Fillable PDF.

Please encourage applicants to review the application process early to ensure that they will be able to fulfill all the requirements in a timely manner and not wait until the eleventh hour.

Applicants who wait until the last minute have a greater chance for missing items from the checklist, which will result in disqualification. As well, if they have any questions about the application process, it is better to inquire early with the Scholarship Chairman.

The scholarship application is four pages, all instructions, requirements and a check list has been provided. Please utilize the Check List and include this page as it is part of the application and it will assist in fulfilling the required elements of the process.

### Evaluation Committee

The evaluation committee uses a rubric for evaluating the scholarships that has been provided by the Foundation. It is their duty to rank the scholarships and assign the scholarship award to the recipients. As well, the committee consists of 3 evaluators who are not Greek, not affiliated with the AHEPA Family, and not affiliated with the applicants or family members.



### **NEW!! APPLICATION SUBMISSION PROCESS**

The deadline for submitting scholarship application **via email** is May 15, 2026, by **12 midnight Central Time**.

Kindly include your **NAME** in the **SUBJECT LINE** of all correspondence. Ensure that all supplementary materials are also submitted before the specified deadline.

For submission, please use the email Address:  
[dopfoundationsscholarship@gmail.com](mailto:dopfoundationsscholarship@gmail.com)