

APPLICATION DEADLINE: April 1.

EMMANUEL BILIRAKIS PRE-MED STUDENT \$1000. SCHOLARSHIP

(PLEASE PRINT):

NAME: _____

ADDRESS (Local):

e-mail address _____

TELEPHONE NUMBER: _____ **UFID#** _____ :

PARENTS' NAMES: & ADDRESS:

CLASS/COLLEGE: = **3rd year required** ___ UF GPA _____

MAJOR (S) - PRE-MED =

WHICH COURSES IN GREEK STUDIES? GRADES EARNED?

EXTRACURRICULAR ACTIVITIES AND/OR OFFICES HELD:

Attach a listing of these activities.

ESSAY: On separate page, type a 1-page statement about yourself, your plans, and what your courses in Greek Studies have meant to you.

Return this application form to

Dr. Karelisa Hartigan at 125 Dauer Hall

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