

**STEREA HELLAS FOUNDATION OF CLEVELAND, INC.**  
**2026 SCHOLARSHIP**  
**Stereia Hellas Foundation Applicant**

The Stereia Hellas Foundation of Cleveland, Inc. is offering a \$1,000.00 scholarship to full-time students who are of Greek ancestry from Stereia Hellas, Greece and reside in Northeast Ohio. The scholarship applies to any students who meet the requirements below and will be attending college or technical/trade school during the current academic year. There are a limited number of scholarships available which will be evaluated by the Scholarship Committee based on the criteria below. Candidates may apply yearly for this scholarship.

Scholarships will be awarded at our annual dance held in the fall of the current year. Recipients are requested to attend, but it is not mandatory. Please visit our website at: [www.stereahellascleveland.org](http://www.stereahellascleveland.org) for more information.

**APPLICATION REQUIREMENTS:**

1. Applicant must be of Greek ancestry from Stereia Hellas, Greece, as defined within our bylaws. (official documentation may be requested)
2. Applicant must be a permanent United States of America resident of one of the following counties in Ohio: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, or Summit.
3. Applicant must have received a high school diploma or GED. High school students are not eligible to apply.
4. Applicant must be enrolled full-time in an accredited undergraduate, graduate or technical/trade school program. Proof of enrollment may be requested.
5. Applicant must have a cumulative grade point average of 3.30 or greater during the preceding academic year.
6. Submit the following via U.S. Mail to:  
**Stereia Hellas Foundation Scholarship Committee**  
**Tina Kolas**  
**7890 Brookside Drive**  
**Olmsted Falls, OH 44138**
  - a. An official transcript from the previous school year. Transcript must be submitted directly from the issuing institution by U.S. Mail or Email ([scholarships@stereahellascleveland.org](mailto:scholarships@stereahellascleveland.org)). Transcripts submitted by the applicant will not be accepted.
  - b. Two letters of recommendation in their original sealed envelopes. One letter must be from a professor, advisor, or administrator.
  - c. An autobiographical summary, including career aspirations.
  - d. An essay answering the following question:  
*How has being of Greek heritage influenced you?*
7. Complete and sign the application, including civic and community involvement, honors and recognition awards, and extracurricular activities.
8. **ALL SUBMISSIONS MUST BE POSTED MARKED ON OR PRIOR TO JULY 15, 2026.**

All determinations are made by the Scholarship Committee. The Scholarship Committee is comprised of volunteers that are not members of the Stereia Hellas Foundation of Cleveland, Inc. All determinations are final.

**It is the responsibility of the applicant to ensure all materials are received on time. Incomplete or late applications will automatically be disqualified and will not be considered under any circumstances.**

To verify all information has been received or if you have any additional questions email us at: [scholarships@stereahellascleveland.org](mailto:scholarships@stereahellascleveland.org) Please note, if the applicant is 18 years of age and older, we will not provide any information regarding the application to anyone other than the applicant. Therefore, any information requests must be directly from the applicant.

**Application Deadline is July 15, 2026**

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**APPLICATION**

Please complete all portions of the application. No resumes or CVs will be accepted. If an item does not pertain to you, please write N/A or a dash on the line. Please type or print using black ink.

|                                                  |                   |                      |
|--------------------------------------------------|-------------------|----------------------|
| Last Name                                        | First Name        | Middle               |
| Permanent Address                                | City, State, Zip  | Country              |
| Home Phone                                       | Cell/Other Phone  | Email Address        |
| High School Name                                 | City, State, Zip  | Year of Graduation   |
| College/Technical/Trade School Attending         | City, State, Zip  | Degree Being Pursued |
| Status Next School Year (Sophomore, Jr., or Sr.) | Cumulative G.P.A. | Date of Birth        |

**COLLEGIATE ACADEMIC HONORS AND RECOGNITIONS (Excluding Dean's List):**

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**COLLEGIATE ACTIVITIES:**

You may list activities for any collegiate academic year including offices or chairs held.

| Organization | Brief Description of Organization and Your Involvement | Year(s) of Participation |
|--------------|--------------------------------------------------------|--------------------------|
|              |                                                        |                          |
|              |                                                        |                          |
|              |                                                        |                          |
|              |                                                        |                          |

**CIVIC-COMMUNITY SERVICES:**

You may list service performed during any collegiate academic year including offices or chairs held.

| Organization | Brief Description of Organization and Your Involvement | Year(s) of Participation |
|--------------|--------------------------------------------------------|--------------------------|
|              |                                                        |                          |
|              |                                                        |                          |
|              |                                                        |                          |
|              |                                                        |                          |

Add additional sheets if necessary.

Applicant agrees and acknowledges that they may be required to provide additional verification of eligibility and of the information provided. In addition, you agree to allow the use of your name, likeness, and information provided within the application for advertising, promotional, and publicity purposes without consent or compensation.

\_\_\_\_\_  
Date                      Applicant's Signature

If applicant is under 18 years old signature of parent or legal guardian is required.

\_\_\_\_\_  
Date                      Parent or Legal Guardian Signature                      Print Name of Parent or Legal Guardian                      Relationship to Applicant

**Application Deadline is July 15, 2026**