

CAPA



Cleveland Alumnae Panhellenic Association

## ALUMNA GRANT of CLEVELAND ALUMNAE PANHELLENIC ASSOCIATION

The Cleveland Alumnae Panhellenic Association (CAPA) is offering non-restrictive \$1,500 grants-in-aid for the 2010-11 academic year to an alumna in need of financial assistance. Alumnae grants are offered in addition to our collegiate scholarships. The grant may be used for undergraduate, graduate, career-related, certification and/or continuing education courses.

### ELIGIBILITY CRITERIA

1. Be a paid member of a National Panhellenic Conference alumnae chapter who is in good standing with the Cleveland Alumnae Panhellenic Association.
2. Have a permanent residence in the Greater Cleveland Area which includes the counties of Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit and Ashtabula.
3. Be out of undergraduate school for at least one year.
4. Be accepted into an undergraduate, graduate, career-related, certification and/or continuing education program.
5. Demonstrate financial need.
6. Demonstrate on-going involvement in her sorority.
7. Provide two recommendations:
  - The President of the applicant's local alumnae chapter of which she is a paid member.
  - Applicant's choice, excluding relatives, who has knowledge of her work and/or ability to pursue the course of study for which the grant is requested.

### Enclosed are the following application materials:

1. Alumnae Grant Application
2. Two Recommendation Forms

The applicant is responsible for giving the recommendation forms to the person she selects, obtaining the completed forms from them and returning them with her application. Incomplete applications will not be considered.

Return the Three (3) page Application and Two (2) Sealed Recommendations postmarked no later than **MARCH 5, 2010** to:

Bonnie Zuckerman  
CAPA Scholarship Chair  
3531 Mark Drive  
Broadview Heights, OH 44147  
Email: [BonnieZukie@aol.com](mailto:BonnieZukie@aol.com)  
Phone: (440) 838-5167

All applicants will be notified of the results in early May. Please feel free to contact the Scholarship Chair with any questions:

# APPLICATION FOR ALUMNA GRANT AWARD CLEVELAND ALUMNAE PANHELLENIC ASSOCIATION

**INSTRUCTIONS: Complete all portions of the application. NO RESUMES OR CVs ACCEPTED. If an item does not pertain to you, please put N/A or dashes on the line so we are aware that no answer applies. PLEASE TYPE OR PRINT CLEARLY. Use the back of the application or a separate sheet of paper when needed.**

Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Sorority: \_\_\_\_\_  
Last                      First                      Middle Initial

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Family Status:    \_\_\_\_\_ Single    \_\_\_\_\_ Married    \_\_\_\_\_ Widowed    \_\_\_\_\_ Divorced

Children and/or other dependents (list ages): \_\_\_\_\_

**FINANCIAL STATUS**

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street Address                      City                      State                      Zip

Phone: \_\_\_\_\_ What position do you hold? \_\_\_\_\_

How long with this employer? \_\_\_\_\_ How long in this position? \_\_\_\_\_

Total Family Income: \$ \_\_\_\_\_ (Verification of income may be required at a later date).

**ESTIMATED EXPENSES FOR NEXT YEAR**

**AMOUNT OF INCOME AVAILABLE NEXT YEAR**

Outstanding Loans	\$ _____
	\$ _____
	\$ _____
	\$ _____
Other Indebtedness	\$ _____
	\$ _____
	\$ _____
	\$ _____
Child Care Expense	\$ _____
Tuition & Fees	\$ _____
Books & Supplies	\$ _____
Transportation	\$ _____
Miscellaneous*	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Employment	
During School	\$ _____
During Summer	\$ _____
Other Scholarships	\$ _____
Employer Tuition	
Reimbursement	\$ _____
Other Grants	\$ _____
	\$ _____
	\$ _____
New Loans	\$ _____
	\$ _____
Savings	\$ _____
Family Assistance	\$ _____
Miscellaneous*	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

\*Itemize on reverse side if over \$350

**REASON FOR REQUESTING THIS GRANT**

Please explain why you are requesting this grant, i.e. health problems, unusual family situation, extraordinary expenses or relevant factors regarding total income. Include what the scholarship money will be used for, i.e. tuition, books, fees.

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**EDUCATIONAL RECORD**

List all earned degrees in chronological order.

University/College Attended	From/To	Field of Study	Degree

**ACADEMIC AWARDS/HONORS**

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**EDUCATIONAL PLANS**

School You Will Be Attending: \_\_\_\_\_

School's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Field of Study: \_\_\_\_\_

**SORORITY**

Sorority: \_\_\_\_\_ Initiation Date: \_\_\_\_\_

Current Alumnae Chapter Affiliation: \_\_\_\_\_ How long have you been involved? \_\_\_\_\_

Alumnae Offices, Chairs, Committees (local, regional, national): \_\_\_\_\_

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Collegiate Chapter Advisor?:  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

Alumnae Awards/Honors: \_\_\_\_\_

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**VOLUNTEER AND COMMUNITY SERVICE:**

Especially note those activities that have influenced your career choice.

**Civic, Church, Volunteer Work and Offices Held:**

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**Professional Organizations and Offices Held:**

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**PERSONAL STATEMENT**

Please describe your career goals and employment objectives. Please be as specific as possible. (Attach an additional sheet if necessary).

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**RECOMMENDATIONS:**

**Two (2)** sealed recommendations (excluding relatives) are required. ***Please use the provided form.*** One recommendation must be from your current Alumnae Chapter President and the other should be from another person of your choice who has knowledge of your work and/or ability to pursue the course of study for which the grant-in-aid is requested.

Be sure each recommendation includes the applicant's full name, address, and sorority. The recommendations **MUST BE INCLUDED** with this application.

**DEADLINE: Send this THREE (3) PAGE APPLICATION with 2 SEALED RECOMMENDATIONS by March 5, 2005 to:**

Bonnie Zuckerman  
CAPA Scholarship Chair  
3531 Mark Drive  
Broadview Heights, OH 44147  
Email: BonnieZukie@aol.com  
Phone: (440) 838-5167

**RECOMMENDATION FOR SCHOLARSHIP APPLICANT  
CLEVELAND, OHIO, ALUMNAE PANHELLENIC ASSOCIATION**

The information requested on this recommendation will be treated confidentially and is for the exclusive use of the Cleveland Alumnae Panhellenic Scholarship Committee. We sincerely appreciate your thoughtfulness, thoroughness and care in providing the information requested. **PLEASE PRINT OR TYPE all information.**

Applicant \_\_\_\_\_ Sorority \_\_\_\_\_

**Please give your reasons for believing this applicant should receive a scholarship.** (Please feel free to use the reverse side of this sheet if necessary.)

Please evaluate the applicant according to the following rating scale:  
5=Outstanding, 4=Above Average, 3= Average, 2=Below Average, 1=Unsatisfactory, \*=Insufficient knowledge to rate this trait.

TRAITS	DEFINITION OF TRAITS	RATING
Integrity	Trustworthy; truthful; sincere; loyal; guided by high personal and moral principles	
Leadership	Influences, stimulates, guides and directs others effectively in group efforts	
Reliability	Dependable; conscientious, accurate; punctual; maintains perspective; maintains stability under stress	
Initiative	Self-motivated; creative; assumes responsibility voluntarily when appropriate	
Cooperation	Accepts suggestions well; works harmoniously with other individuals or groups; respects ideas and abilities of others	
Judgement	Thinks clearly; analyzes situations carefully and takes appropriate action	
Management	Organizes work efficiently and effectively; plans for wise use of time; goal oriented	
Maturity	Well balanced; weighs personal decisions and actions carefully and accepts responsibility for them; acknowledges own limitations & recognizes when help is needed	
Social Attributes	Congenial; courteous; kind; caring; refined in manner; poised; well-liked; enthusiastic	

Name \_\_\_\_\_

Company/Institution (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ How long have you known her? \_\_\_\_\_

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

**Please place this recommendation in a sealed envelope, sign your name across the seal, and return it to the individual applying for the scholarship.**