

APPLICATION FOR COLLEGIATE GRANT AWARD
CLEVELAND (OHIO) ALUMNAE PANHELLENIC ASSOCIATION

INSTRUCTIONS: Complete ALL portions of the 3-page application. NO RESUMES OR CVs ACCEPTED. If an item does not pertain to you, please put N/A or a dash 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

Home Address: _____ Phone: _____
Street City County Zip

High School Attended: _____ Graduation Year: _____

High School: _____
City County State Zip

COLLEGE:

College currently attending: _____ College Phone: _____

Your College address: _____ E-mail: _____
Phone Number: _____

Degree Sought: _____ Status: ___ 1st yr ___ 2nd yr ___ 3rd yr ___ 4th yr ___ 5th yr

Major(s): _____

Internship/Study Abroad Experiences (past/present/future) _____

Accumulated G.P.A.: _____ **An Official Transcript is Required** (*On-line or Paper is acceptable*)

FAMILY STATUS:

Mother's Name: _____ Father's Name: _____

Mother's Address: _____ Father's Address: _____
Street Street

City County State Zip

City County State Zip

Mother's Occupation: _____ Father's Occupation: _____

Employer: _____

Employer: _____

How many children, including yourself, are dependents: _____

Are your parents assisting any other members of your family to attend college next year? ___ Yes ___ No

If yes, to what extent? _____

Which address can you be reached at in May 2009? COLLEGE MOTHER FATHER Other (include on back of application)

Phone # you can be reached at in May 2009? _____ When is Finals Week? _____

COLLEGIATE ACADEMIC HONORARIES AND RECOGNITIONS (*Societies Only – do not include Dean’s List*)

COLLEGIATE ACTIVITIES:

List membership in organizations, including name, description of each if necessary, offices and chairs held **and approximate hours per week spent in each activity.**

SORORITY (Chapter Activities/Offices/Committees)	Academic Year	Hours/Week
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CAMPUS ACTIVITIES (Organizations...include sports/teams - collegiate or intramural)	Academic Year	Hours/Week
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NON-ACADEMIC HONORARIES AND RECOGNITIONS (Societies)

VOLUNTEER WORK (Non-Sorority/Campus/Community/Church)	Year(s)	Hours/Week
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RECOMMENDATIONS:

Two (2) sealed recommendations are required (**RELATIVES AND ALL CURRENT CHAPTER MEMBERS CANNOT WRITE RECOMMENDATIONS**). ***Please use the provided form.*** One recommendation ***MUST BE*** from a Chapter Advisor or other alumnae member of the Advisory Board.

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

FINANCES

List scholarships, grants, loans received currently, giving amount, source and duration.

LOANS:

Total amount outstanding to date: _____

ESTIMATED EXPENSES FOR NEXT YEAR

AMOUNT OF INCOME AVAILABLE NEXT YEAR

Tuition \$ _____
Room \$ _____
Board \$ _____
Books \$ _____
Transportation \$ _____
Miscellaneous* \$ _____
(including sorority dues)

Employment
During school \$ _____
Summer \$ _____
Parent's Contribution \$ _____
Scholarships & Grants \$ _____
Savings \$ _____
Loans \$ _____
Miscellaneous* \$ _____

TOTAL \$ _____

TOTAL \$ _____

*Itemize on reverse side if over \$350

EMPLOYMENT:

List your past and current employment record including dates:

Are you employed during the school year? ____ Yes ____ No. If yes, in what capacity (include campus employment)? _____

Place of employment: _____ Hours/week: _____

Amount earned: _____

DESCRIBE YOUR REASONS FOR APPLYING FOR THIS SCHOLARSHIP: (You may use a separate sheet if necessary). Be as specific as possible.

YOUR GOALS AND PLANS FOR THE FUTURE:

DEADLINE: Send this **THREE PAGE APPLICATION**, your **TWO SEALED RECOMMENDATIONS** and **TRANSCRIPT** by **March 5, 2010** to:

Bonnie Zuckerman
CAPA Scholarship Chair
3531 Mark Drive
Broadview Heights, OH 44147