

2018-2019 Scholarship Application



Pittsburgh Alumnae Panhellenic
www.pghalumpanhel.org

Application deadline: **FEBRUARY 1, 2019**

Instructions: Complete the following application, save and print a copy for yourself, and email your completed application to: papscholarship@gmail.com by the application deadline specified on this form. If additional space is needed to answer any of the questions, please insert a page(s) at the end of the document and refer to it in the text of the related question(s). Incomplete applications will not be considered.

General Information

Applicant

Name: [Click here to enter text.](#)

Home/Permanent Address: [Click here to enter text.](#)

City/State/Zip: [Click here to enter text.](#)

County: [Click here to enter text.](#)

Applicant's mailing address at school: [Click here to enter text.](#)

City/State/Zip: [Click here to enter text.](#)

Applicant's Phone Number: [Click here to enter text.](#)

Applicant's Primary email Address: [Click here to enter text.](#)

Campus Panhellenic/Greek Advisor

Name: [Click here to enter text.](#)

Advisor's Phone Number: [Click here to enter text.](#)

Advisor's Fax: [Click here to enter text.](#)

Advisor's Address: [Click here to enter text.](#)

Advisor's email: [Click here to enter text.](#)

NPC Sorority Affiliation: [Click here to enter text.](#)

List the relationship to you and ages of all dependents your parents are financially responsible for and if they are currently pursuing a college degree:

Also, make note if you are solely responsible for the funding of your education:

Relationship	Age	Pursuing college degree?
<i>Sister</i>	<i>16</i>	<i>Other</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Academic Information

Please make sure to complete all fields in the Academic Information section. Incomplete applications will not be considered. All scholarship finalists will be required to submit an official transcript to verify information provided and confirm eligibility.

Class Year: [Click here to enter text.](#)

Cumulative College GPA: [Click here to enter text.](#)

College Major: [Click here to enter text.](#)

College Minor: [Click here to enter text.](#)

College Credits Completed: [Click here to enter text.](#)

How many of these credits were earned in High School: [Click here to enter text.](#)

Expected Graduation Date: [Click here to enter a date.](#)

Probable Career Path: [Click here to enter text.](#)

List any College Academic Awards/Honors received:

[Click here to enter text.](#)

Please write a brief statement on how being a member of your sorority has impacted your life for the better. Indicate how you plan to use your sorority values and experiences in your future personal and professional endeavors.

[Click here to enter text.](#)

Please elaborate on how you are meeting your college expenses, including jobs held, and any circumstances you wish to have considered in regards to your financial need.

[Click here to enter text.](#)

Offices and Activities

Please provide a list of positions held, the dates each was held, and a BRIEF description of the position's duties. Include the approximate number of hours dedicated per month to each office listed.

Use the following options to designate a category below: Campus, Community, Sorority.

Specify Category <i>Campus</i>	Position: <i>Residence Hall Council</i> Dates: <i>09/14/2016 - Present</i> Hours/Month: <i>6/month</i>	Describe Duties: <i>Attend residence hall meetings each week and then attend residence hall council (campus-wide). Communicate to the residence hall business that is discussed at the residence hall meetings and report back any necessary responses, make necessary votes based on residence hall meeting.</i>
Specify Category Click here to enter text.	Position: Click here to enter text. Dates: Click here to enter text. Hours/Month: Click here to enter text.	Describe Duties: Click here to enter text.
Specify Category Click here to enter text.	Position: Click here to enter text. Dates: Click here to enter text. Hours/Month: Click here to enter text.	Describe Duties: Click here to enter text.
Specify Category Click here to enter text.	Position: Click here to enter text. Dates: Click here to enter text. Hours/Month: Click here to enter text.	Describe Duties: Click here to enter text.

Scholarship Application

By submitting this application, I hereby certify that all information provided is accurate and complete. I authorize the Panhellenic advisor listed on this application to release information to verify my eligibility.

Please email your completed application as a word, adobe application, complete the google form at [Google Form Link](#) or pdf document to: papscholarship@gmail.com.