



**SAN DIEGO ALUMNAE PANHELLENIC
2008 MERIT SCHOLARSHIP APPLICATION**

To apply for a \$500 San Diego Alumnae Panhellenic 2008 Merit Scholarship, please complete this application.

PLEASE TYPE APPLICATION OR PRINT NEATLY. IF YOU NEED MORE SPACE, USE ANOTHER SHEET OF PAPER. ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED. DO NOT CHANGE FORMAT.

DEADLINE IS APRIL 1, 2008 (MUST BE RECEIVED BY THIS DATE)

NAME _____ BIRTH DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ E-MAIL _____

NAME OF PARENT(S) OR GUARDIAN(S) _____

ADDRESS (if different from above) _____

TELEPHONE NUMBER (if different from above) _____

HIGH SCHOOLS ATTENDED	CITY, STATE	YEAR(S)
_____	_____	_____
_____	_____	_____

HIGH SCHOOL G.P.A. _____ CLASS RANK _____ SIZE _____

SCHOOL ACTIVITIES

(Please provide the year(s) participated and the approximate hours per week. Use another sheet of paper if necessary.) _____

COMMUNITY ACTIVITIES

(Please provide the year(s) participated and the approximate hours per week. Use another sheet of paper if necessary.) _____

HONORS/AWARDS/LEADERSHIP POSITIONS

(Please provide the year(s). Use another sheet of paper if necessary.) _____

INTERESTS & HOBBIES _____

COLLEGE FRATERNITY AND SORORITY AFFILIATION OF RELATIVES
(Include name, relationship, and sorority or fraternity affiliation of each.)

ARE YOU PRESENTLY EMPLOYED?
(If you are, please provide where you work and the hours you work per week.)

HOW WOULD THIS SCHOLARSHIP BENEFIT YOU? *(Use another sheet of paper if necessary.)*

TO WHICH COLLEGES & UNIVERSITIES HAVE YOU APPLIED FOR ADMISSION? *(If you have already been admitted to a college or university – please note which ones have accepted you or the one you plan to attend.)*

Under the Family Education and Privacy Act of 1974, completion of this form by applicant/parent authorizes use of this information for Panhellenic use. I verify that the information contained is true and that I (we) understand the scholarship requirements.

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please **mail** your completed application to: **(Application maybe submitted via email to [kreisch@san.rr.com](mailto:kreich@san.rr.com) along with a hard copy to the address below)**

Liz Piazzoni
Scholarship & Fraternity Outreach Chair
265 First Avenue
Chula Vista, CA 91910

For more information:
...please call Liz at: (619) 426-3717

ALL MATERIALS (APPLICATION, TRANSCRIPT, AND LETTER OF RECOMMENDATION) MUST BE RECEIVED BY THE DEADLINE. *It is extremely helpful if all materials are included in the same envelope. Unless all materials are received in the same mailing, there is no assurance that your application will be read.*

THE DEADLINE is APRIL 1, 2008