



**SAN DIEGO ALUMNAE PANHELLENIC  
2010 MERIT SCHOLARSHIP APPLICATION**

*To apply for a San Diego Alumnae Panhellenic 2010 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, 2010 (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 may be submitted via email to [SarahRSchwartz@yahoo.com](mailto:SarahRSchwartz@yahoo.com) along with a hard copy to the address below)

**Sarah Schwartz  
Scholarship Chair  
2422 Newcastle Avenue  
Cardiff-by-the-Sea, CA 92007**

**For more information:  
please call Sarah at: (310) 989-7267**

**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, 2010**