



**SAN DIEGO ALUMNAE PANHELLENIC
2012 MERIT SCHOLARSHIP APPLICATION**

To apply for a San Diego Alumnae Panhellenic 2012 Merit Scholarship, please complete this application in full.

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

DEADLINE IS MARCH 31, 2012 AND THE COMPLETED APPLICATION 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 SCHOOL(S) ATTENDED	CITY, STATE	YEAR(S)
_____	_____	_____
_____	_____	_____

HIGH SCHOOL G.P.A. _____

COLLEGE(S) ATTENDING/ ATTENDED	CITY, STATE	YEAR(S)
_____	_____	_____
_____	_____	_____

COLLEGE G.P.A. _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ON SEPARATE SHEETS OF PAPER. LIMIT YOUR RESPONSES TO 3 SHEETS TOTAL (AND ANSWER QUESTIONS 1 – 6 ON ONE PAGE). PLEASE TYPE YOUR RESPONSES USING 12 pt FONT.

DO NOT INCLUDE THE NAME OF YOUR SORORITY IN YOUR RESPONSES.

1. COLLEGE ACTIVITIES: *Please provide the year(s) participated & approximate hours per week.*
2. COMMUNITY ACTIVITIES: *Please provide the year(s) participated & approximate hours per week.*
3. HONORS, AWARDS, LEADERSHIP POSITIONS
4. INTERESTS & HOBBIES
5. ARE YOU PRESENTLY EMPLOYED? *If so, please list where you work & average hours worked per week.*
6. COLLEGE FRATERNITY OR SORORITY AFFILIATION OF RELATIVES: *Include full name, relationship and sorority or fraternity affiliation of each relative.*
7. HOW HAS MEMBERSHIP IN YOUR SORORITY IMPACTED YOUR LIFE?
8. HOW HAVE YOU CONTRIBUTED TO YOUR SORORITY & THE PANHELLENIC COMMUNITY?
9. WHAT DOES SISTERHOOD MEAN TO YOU?
10. HOW WOULD THIS SCHOLARSHIP BENEFIT YOU?

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

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

(If applicant is under age 18.)

Please **mail** your completed application to:

**Elyse Wilhm
San Diego Alumnae Panhellenic
5663 Balboa Ave #514
San Diego, CA 92111**

For more information please contact Elyse via email at sdap.scholarship@gmail.com

ALL MATERIALS (APPLICATION, TRANSCRIPT & 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 your application will be read.*

THE DEADLINE IS MARCH 31, 2012



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TELEPHONE NUMBER _____ E-MAIL _____

UNIVERSITY _____

SORORITY (Only list your Sorority here) _____

We find many qualified women; however, we are limited in the scholarships we can award. May we recommend your application for scholarship consideration to the *Escondido Alumnae Panhellenic*? Please check this box if you **DO NOT** want us to share your information.