

**APPLICATION FOR ALUMNA GRANT AWARD**  
**CLEVELAND (OHIO) ALUMNAE PANAHELLENIC 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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced

Children and/or other dependents (list ages): \_\_\_\_\_

**FINANCIAL STATUS**

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street Address City State Zip

Phone: \_\_\_\_\_ What position do you hold? \_\_\_\_\_

How long with this employer? \_\_\_\_\_ How long in this position? \_\_\_\_\_

Total Family Income: \$ \_\_\_\_\_ (Verification of income may be required at a later date).

**ESTIMATED EXPENSES FOR NEXT YEAR**

Outstanding Loans	\$ _____
	\$ _____
	\$ _____
	\$ _____
Other Indebtedness	\$ _____
	\$ _____
	\$ _____
	\$ _____
Child Care Expense	\$ _____
Tuition & Fees	\$ _____
Books & Supplies	\$ _____
Transportation	\$ _____
Miscellaneous*	\$ _____
TOTAL	\$ _____

**AMOUNT OF INCOME AVAILABLE NEXT YEAR**

Employment	
During School	\$ _____
During Summer	\$ _____
Other Scholarships	\$ _____
Employer Tuition	
Reimbursement	\$ _____
Other Grants	\$ _____
	\$ _____
New Loans	\$ _____
	\$ _____
Savings	\$ _____
Family Assistance	\$ _____
Miscellaneous*	\$ _____
TOTAL	\$ _____

\*Itemize on reverse side if over \$350

**REASON FOR REQUESTING THIS GRANT**

Please explain why you are requesting this grant, i.e. health problems, unusual family situation, extraordinary expenses or relevant factors regarding total income. Include what the scholarship money will be used for, i.e. tuition, books, fees.

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**EDUCATIONAL RECORD**

List all earned degrees in chronological order.

University/College Attended	From/To	Field of Study	Degree

**ACADEMIC AWARDS/HONORS**

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**EDUCATIONAL PLANS**

School You Will Be Attending: \_\_\_\_\_

School's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Field of Study: \_\_\_\_\_

**SORORITY**

Sorority: \_\_\_\_\_ Initiation Date: \_\_\_\_\_

Current Alumnae Chapter Affiliation: \_\_\_\_\_ How long have you been involved? \_\_\_\_\_

Alumnae Offices, Chairs, Committees (local, regional, national): \_\_\_\_\_

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Collegiate Chapter Advisor?:  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

Alumnae Awards/Honors: \_\_\_\_\_

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**VOLUNTEER AND COMMUNITY SERVICE**

Especially note those activities that have influenced your career choice.

**Civic, Church, Volunteer Work and Offices Held:**

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**Professional Organizations and Offices Held:**

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**PERSONAL STATEMENT**

Please describe your career goals and employment objectives. Please be as specific as possible. (Attach an additional sheet if necessary).

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**RECOMMENDATIONS:**

**Two (2)** sealed recommendations (excluding relatives) are required. *Please use the provided form.* One recommendation must be from your current Alumnae Chapter President and the other should be from another person of your choice who has knowledge of your work and/or ability to pursue the course of study for which the grant-in-aid is requested.

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

**DEADLINE: Send this THREE (3) PAGE APPLICATION with 2 SEALED RECOMMENDATIONS by Thursday, February 19, 2015 to:**

**Julia Lazar  
CAPA Scholarship Chair  
12900 Lake Ave#609  
Lakewood, OH 44107  
capascholarships@gmail.com**