

CAPA



Cleveland Alumnae Panhellenic Association

\$2000 COLLEGIATE GRANT

Offered by

CLEVELAND ALUMNAE PANHELLENIC ASSOCIATION

The Cleveland Alumnae Panhellenic Association (CAPA) is offering non-restrictive \$2,000 grants-in aid for the 2018-2019 academic year to a current collegian in need of financial assistance.

Eligibility Criteria

Eligible candidates must:

1. Be a freshman, sophomore, junior, or senior pursuing an immediate post graduate degree at an accredited 4-year college/university.
2. Be an initiated member in good standing of a National Panhellenic Conference fraternity that is in good standing with the Cleveland Alumnae Panhellenic Association.
3. Have graduated from a high school in the Greater Cleveland Area and has a permanent residence in the same Greater Cleveland Area, which includes the counties of Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit and Ashtabula.
4. Have a grade point average sufficient to maintain good standing within her sorority.
5. Demonstrate financial need.
6. Demonstrate on-going involvement in her sorority.
7. Not have been a previous recipient of this scholarship.
8. Provide two recommendations:
 - a. The chapter Advisor or other alumnae member of the Chapter's Advisory Board
 - b. A current university faculty member or employer

*Recommendations from chapter members or relatives are not permitted

Postmark Deadline: February 28, 2018

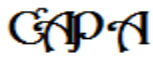
How to Apply

Application materials (4 page collegiate application and 2 recommendation forms) may be found on our website at www.clevelandpanhellenic.org

1. Complete on-line version of application. Recommendations submitted hard-copy and mailed.
2. Download application & return the application and two (2) sealed recommendations to:

Sarah Wojciechowski, CAPA Scholarship Chair
PO Box 243, Randolph, OH 44265; capascholarships@gmail.com

Questions can be directed to capascholarship@gmail.com



APPLICATION FOR COLLEGIATE GRANT AWARD

Name: _____ Birth date: _____
Last First Middle Initial Sorority: _____

Home Address: _____ Phone: _____
Street City County Zip

High School Attended: _____ Graduation Year: _____

High School Location: _____
City County State Zip

COLLEGE:

College currently attending: _____ College Phone: _____

Your College address: _____ E-mail: _____

_____ Cell Number: _____

Degree Sought: _____

Status: ___ 1st yr ___ 2nd yr ___ 3rd yr ___ 4th yr ___ 5th yr ___ Graduate program

Major(s): _____

Internship/Study Abroad Experiences (past/present/future): _____

Cumulative G.P.A.: _____ **An Online or Hardcopy Transcript is Required**

FAMILY STATUS:

Mother's Name: _____ Father's Name: _____

Mother's Address: _____ Father's Address: _____

Mother's Occupation: _____ Father's Occupation: _____

Employer: _____ Employer: _____

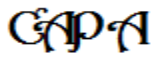
How many children, including you, are dependents? _____

Are your parents assisting any other members of your family to attend college next year? ___ Yes ___ No

If yes, to what extent? _____

Address in April 2018: COLLEGE MOTHER FATHER Other (include on back of application)

Phone # at which you can be reached in April 2018? _____ When is Finals Week? _____



Cleveland Alumnae Panhellenic Association

FINANCES:

List scholarships, grants, and loans received currently (include amount, source and duration of each).

LOANS:

Total amount outstanding to date: _____

ESTIMATED EXPENSES FOR NEXT YEAR**AMOUNT OF INCOME AVAILABLE NEXT YEAR**

Tuition \$ _____
 Room \$ _____
 Board \$ _____
 Books \$ _____
 Transportation \$ _____
 Miscellaneous* \$ _____
 (including sorority dues)

TOTAL \$ _____

Employment
 During school \$ _____
 Summer \$ _____
 Parent's Contribution \$ _____
 Scholarships & Grants \$ _____
 Savings \$ _____
 Loans \$ _____
 Miscellaneous* \$ _____

TOTAL \$ _____

*Itemize on reverse side if over \$350

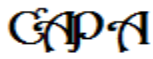
EMPLOYMENT:

List your past and current employment record including dates:

Are you employed during the school year? _____ Yes _____ No

If yes, in what capacity (include campus employment)?

Place of employment: _____ Hours/week: _____



COLLEGIATE ACTIVITIES

List membership in organizations including name, description of each, if necessary, offices/chairs held and approximate hours per week spent in each activity.

Collegiate Academic Honoraries and Recognitions: (*Societies Only – do not include Dean’s List*)

Sorority (Chapter Activities/Offices/Committees)	Academic Year	Hours/Week
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Campus Activities (Organizations/Sports/Etc.)	Academic Year	Hours/Week
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Non-academic Honoraries and Recognitions (Societies)

Volunteer Work (Non-Sorority/Campus/Community/Church)	Year(s)	Hours/Week
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Current & past 2 years only:



DESCRIBE YOUR REASONS FOR APPLYING FOR THIS SCHOLARSHIP:

(You may use a separate sheet if necessary). Be as specific as possible.

YOUR GOALS AND PLANS FOR THE FUTURE:

APPLICATION GUIDELINES:

Hard Copy: Send this FOUR (4) PAGE APPLICATION, a current TRANSCRIPT & 2 SEALED RECOMMENDATIONS to:

**Sarah Wojciechowski, CAPA Scholarship Chair
PO Box 243, Randolph, OH 44265**

On-line: APPLICATION & TRANSCRIPT Attachment must be completed and “sent” by 11:59pm February 28, 2018.
Recommendations to be hardcopy & postmarked by 2/28/18.

RECOMMENDATION GUIDELINES:

- Two (2) recommendations are required.
- Recommenders must use the provided form and may not be a relative of the applicant or a current chapter member
- One recommendation must be from you current General Advisor or other alumnae member of the chapter advisory board

POSTMARK DEADLINE: by February 28, 2018