

CAPA



Cleveland Alumnae Panhellenic Association

\$2000 ALUMNA GRANT

Offered by

CLEVELAND ALUMNAE PANHELLENIC ASSOCIATION

The Cleveland Alumnae Panhellenic Association (CAPA) is offering non-restrictive \$2,000 grants-in aid for the 2019-2020 academic year to an alumna in need of financial assistance. This grant may be used for undergraduate, graduate, career-related certification, and/or continuing education courses.

Eligibility Criteria

Eligible candidates must:

1. Be a paid member of a National Panhellenic Conference alumnae chapter that is a paid and good standing alumnae chapter of the Cleveland Alumnae Panhellenic Association.
2. Have a home address in the metropolitan Cleveland area served by the Cleveland Alumnae Panhellenic Association, which includes the counties of Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit and Ashtabula.
3. Be accepted into an accredited university program.
4. Demonstrate financial need.
5. Demonstrate on-going involvement in her sorority.
6. Not have been a previous recipient of this scholarship as a collegiate or alumnae.
7. Provide two recommendations:
 - a. The President of applicant's local alumnae chapter of which she is a paid member.
 - b. A business associate or instructor (relatives excluded) who has knowledge of her work and/or ability to pursue the course of study for which the grant is requested.

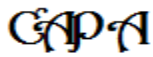
Postmark Deadline: February 28, 2019

How to Apply

Application materials (4 page alumnae 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.
2. Download application & return the application and two (2) sealed recommendations to:

Sarah Wojciechowski, CAPA Scholarship Chair
2880 Diana Lynn Dr. Stow, OH 44224; capascholarships@gmail.com



APPLICATION FOR ALUMNA GRANT AWARD

Birth date: _____

Name: _____
Last First Middle Initial

Sorority: _____

Home Address: _____
Street City County Zip

Phone: _____

Home 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: _____ How long with this employer? _____

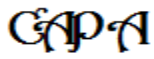
What position do you hold? _____ How long in this position? _____

ESTIMATED EXPENSES FOR NEXT YEAR

(Amount of Income Available Next Year)

Outstanding Loans	\$ _____	Employment	
	\$ _____	During School	\$ _____
	\$ _____	During Summer	\$ _____
	\$ _____	Other Scholarships	\$ _____
Other Indebtedness	\$ _____	Employer Tuition	
	\$ _____	Reimbursement	\$ _____
	\$ _____	Other Grants	\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Child Care Expense	\$ _____	New Loans	\$ _____
Tuition & Fees	\$ _____		\$ _____
Books & Supplies	\$ _____	Savings	\$ _____
Transportation	\$ _____	Family Assistance	\$ _____
Miscellaneous*	\$ _____	Miscellaneous*	\$ _____
TOTAL	\$ _____	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 your plans for the scholarship money; i.e. tuition, books, fees, etc.

EDUCATIONAL RECORD

List all earned degrees in chronological order.

University/College Attended	From/To	Field of Study	Degree

ACADEMIC AWARDS/HONORS

EDUCATIONAL PLANS

School You Will Be Attending: _____

School's Address: _____

Phone: _____ Starting Date: _____ Anticipated Completion Date: _____

Field of Study: _____

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SORORITY

Sorority: _____ Initiation Year: _____

Current Alumnae Chapter Affiliation: _____

How long have you been involved? _____

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

Collegiate Chapter Advisor: ___ Yes ___ No Where: _____ When: _____

Alumnae Awards/Honors:

VOLUNTEER AND COMMUNITY SERVICE

Especially note those activities that have influenced your career choice.

Civic, Church, Volunteer Work and Offices Held:

Professional Organizations and Offices Held:



PERSONAL STATEMENT

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

RECOMMENDATION GUIDELINES:

- Two (2) recommendations are required.
- Recommenders must use the provided form and may not be a relative of the applicant.
- One recommendation must be from your current sorority alumnae association president and the other should be from someone who has knowledge of your work and/or ability to pursue the course of study for which the grant-in-aid is requested.

POSTMARK DEADLINE by: FEBRUARY 28, 2019

Hard Copy: Send this FOUR (4) PAGE APPLICATION with 2 SEALED RECOMMENDATIONS

**Sarah Wojciechowski, CAPA Scholarship Chair
2880 Diana Lynn Dr. Stow, OH 44224**

On-line: Must be completed and “sent” by 11:59pm February 28, 2019. Recommendations postmarked 2/28/19.