

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 2019-2020 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 with a National Panhellenic Conference fraternity.
  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 as a collegiate.
  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, 2019**

#### **How to Apply**

Application materials (4 page collegiate application and 2 recommendation forms) may be found on our website at [www.clevelandpanhellenic.org](http://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**  
**2880 Diana Lynn Dr. Stow, OH 44224; [capascholarships@gmail.com](mailto:capascholarships@gmail.com)**

Questions can be directed to [capascholarship@gmail.com](mailto:capascholarship@gmail.com)

**APPLICATION FOR COLLEGIATE GRANT AWARD**

CAPA



Cleveland Alumnae Panhellenic Association

Birth date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Sorority: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City County Zip

Phone: \_\_\_\_\_

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: \_\_\_\_\_

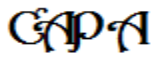
How many children, including you, are dependents? \_\_\_\_\_

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 2019: COLLEGE MOTHER FATHER Other (include on back of application)

Phone # at which you can be reached in April 2019? \_\_\_\_\_ When is Finals Week? \_\_\_\_\_



# Cleveland Alumnae Panhellenic Association

**FINANCES:**

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

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**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:

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Are you employed during the school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

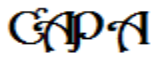
If yes, in what capacity (include campus employment)?

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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*)

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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)

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

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**DESCRIBE YOUR REASONS FOR APPLYING FOR THIS SCHOLARSHIP:**

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

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**YOUR GOALS AND PLANS FOR THE FUTURE:**


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**APPLICATION GUIDELINES:**

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

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

*On-line:* APPLICATION & TRANSCRIPT Attachment must be completed and “sent” by 11:59pm February 28, 2019.  
Recommendations to be hardcopy & postmarked by 2/28/19.

**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, 2019**