

721 Lana Street
Kailua, HI 96734
www.hawaiipanhellenic.net
HAPAScholarship@gmail.com

2014 COLLEGIATE SCHOLARSHIP APPLICATION

To apply for a Honolulu Alumnae Panhellenic Association 2014 Scholarship, please complete this application in full. This form is available at www.hawaiipanhellenic.net.

PLEASE TYPE APPLICATION. DEADLINE IS MARCH 31, 2014 AND THE COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS MUST BE RECEIVED BY THIS DATE.

NAME _____ BIRTH DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ EMAIL _____

UNIVERSITY _____ SORORITY _____

NAME OF PARENTS OR GUARDIAN(S) _____

ADDRESS *(if different from above)* _____

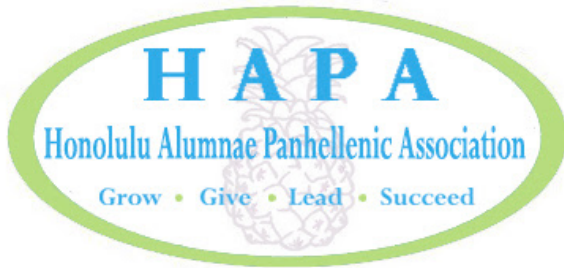
TELEPHONE NUMBER *(if different from above)* _____

HIGH SCHOOL ATTENDED	CITY, STATE	GRAD YEAR
_____	_____	_____

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

COLLEGE UNITS COMPLETED _____ EXPECTED GRAD DATE _____

COLLEGE cum GPA _____ COLLEGE GPA last semester or quarter _____



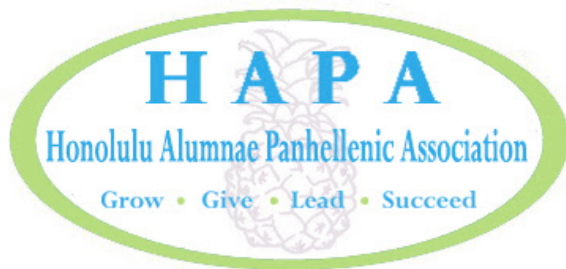
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PLEASE ANSWER THE FOLLOWING QUESTIONS WITHIN THE SPACE ALLOTTED BELOW.

COLLEGE ACTIVITIES: *Please provide the year(s) participated & approximate hours per week.*

COMMUNITY ACTIVITIES: *Please provide the year(s) participated & approximate hours per week.*

COLLEGE HONORS, AWARDS, LEADERSHIP POSITIONS:

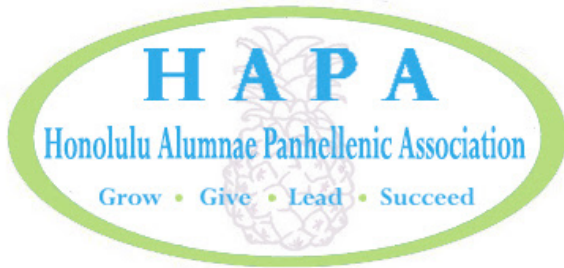


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ARE YOU PRESENTLY EMPLOYED? *If so, please list where you work & average hours worked per week.*

COLLEGE FRATERNITY OR SORORITY AFFILIATION OF RELATIVES: *Including full name, relationship, and sorority or fraternity affiliation and university of each relative.*

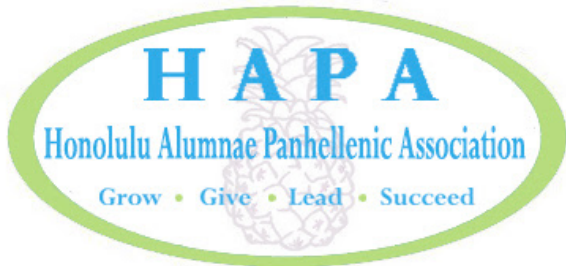
HOW HAS MEMBERSHIP IN YOUR SORORITY IMPACTED YOUR LIFE?



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HOW HAVE YOU CONTRIBUTED TO YOUR SORORITY & THE PANHELLENIC COMMUNITY?

HOW WOULD THIS SCHOLARSHIP BENEFIT YOU?



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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 **email** your completed application and additional required documents to:
hapascholarship@gmail.com

REQUIRED SUPPORTING DOCUMENTS

- Completed application
- Letter of recommendation from chapter advisor
- College transcript to include all work completed

ALL MATERIALS (APPLICATION, LETTER OF RECOMMENDATION, TRANSCRIPT, & COLLEGE ACCPETANCE LETTER) MUST BE RECEIVED BY THE DEADLINE.

It is extremely helpful if all materials are included in the same email.

THE DEADLINE IS MARCH 31, 2014.