



**SAN DIEGO ALUMNAE PANHELLENIC  
2016 MERIT SCHOLARSHIP APPLICATION**

To apply for a San Diego Alumnae Panhellenic 2016 Merit Scholarship, please:

- ❖ **Complete this application** (This form also is available at [www.sdaph.org](http://www.sdaph.org))
- ❖ **Provide one letter of recommendation from a teacher, counselor or other mentor**
- ❖ **Provide a high school transcript to include the last semester completed (unofficial is accepted as it needs to be emailed)**
- ❖ **Plan to attend a four-year institution with NPC Sororities (Joining a sorority in college is not required, but encouraged...however, the school must host NPC Sorority chapters on campus)**
- ❖ **Email completed application, letter of recommendation and transcript to [tleaderanderson@cox.net](mailto:tleaderanderson@cox.net) by deadline.**

We encourage you to learn more about NPC and opportunities to pursue membership in an NPC member organization by visiting [www.npcwomen.org](http://www.npcwomen.org) and the Greek Life website at the college or university you plan to attend.

**PLEASE DO NOT CHANGE APPLICATION FORMAT.**

**\*\*DEADLINE IS FRIDAY APRIL 15, 2016.\*\***

**THE COMPLETED APPLICATION, LETTER OF RECOMMENDATION AND  
TRANSCRIPT MUST BE RECEIVED BY THIS DATE.**

**After receiving applications, the top candidates will be interviewed on  
Sunday, May 15, 2016**

**Winners are invited to attend our scholarship luncheon on  
Saturday, June 4, 2016**

**Please save these important dates!**

Completed applications with attachments can be emailed to [tleaderanderson@cox.net](mailto:tleaderanderson@cox.net) . If you need to mail your application, have your letter of recommendation emailed directly or need more information, please contact Teresa Leader-Anderson at [tleaderanderson@cox.net](mailto:tleaderanderson@cox.net). Please do your best to include all information in one email.

NAME:

BIRTH DATE:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE NUMBER:

EMAIL:

NAME OF PARENT(S) OR GUARDIAN(S):

ADDRESS: *(if different from above)*

TELEPHONE NUMBER: *(if different from above)*

HIGH SCHOOL(S) ATTENDED:

CITY, STATE:

YEAR(S):

HIGH SCHOOL G.P.A.:

CLASS RANK:

SIZE:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. SCHOOL ACTIVITIES: *(Please provide the year(s) participated, leadership positions & hours per week.)*
2. COMMUNITY ACTIVITIES: *(Please provide the year(s) participated, leadership positions & hours per week.)*
3. HONORS & AWARDS:
4. INTERESTS & HOBBIES:
5. ARE YOU PRESENTLY EMPLOYED? *(If so, please list where you work & average hours worked per week.)*
6. COLLEGE FRATERNITY OR SORORITY AFFILIATION OF RELATIVES: *(Include full name, relationship and sorority or fraternity affiliation and university of each relative.)*
7. IF YOU ARE CONSIDERING PARTICIPATING IN PANHELLENIC RECRUITMENT, WHAT DO YOU HOPE TO GAIN FROM SORORITY MEMBERSHIP?

8. HOW WOULD THIS SCHOLARSHIP BENEFIT YOU?
9. WHICH COLLEGES/UNIVERSITIES HAVE YOU APPLIED TO FOR ADMISSION? (*If you have already been accepted to one or more schools, please list all the schools you have applied to and note which ones have accepted you. If you have decided which college you plan to attend, please note that, as well.*)

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:

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

**\*\*DEADLINE IS APRIL 15, 2016\*\***