



2025 SCHOLARSHIP APPLICATION

I. GENERAL INFORMATION

Applicant Full Name:	
Preferred Name/Nickname:	Date of Birth:
High School Attended:	College Attending:
Mailing Address: <i>Please provide your permanent/home address, not a student/college address.</i>	
Cell Phone:	Email:

II. SCHOLASTIC INFORMATION

Student ID#:	Current Classification: Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/>
Cumulative GPA:	Expected Graduation Date (month/year):
Credit Hours Earned (to date):	Hours Currently Enrolled:
Major:	Minor (if applicable):
Will you be a full-time undergraduate student?	Fall 2025: YES <input type="checkbox"/> NO <input type="checkbox"/> Spring 2026: YES <input type="checkbox"/> NO <input type="checkbox"/>

III. NPC SORORITY INFORMATION

Sorority:	Initiation Date:
Are you an active member in good standing as defined by your sorority? YES <input type="checkbox"/> NO <input type="checkbox"/>	

IV. FAMILY INFORMATION

Father's Full Name:	
Occupation:	Employer:
Mailing Address: <i>If different from your mailing address.</i>	
Phone:	Email:
Mother's Full Name:	
Occupation:	Employer:
Mailing Address: <i>If different from your mailing address.</i>	
Phone:	Email:
Parents are: MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER <input type="checkbox"/> <i>Describe:</i>	
Number of Siblings:	Ages of Each:
Will any of your siblings be attending undergraduate college next year? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, how many?	What colleges?

V. FINANCIAL INFORMATION

Do you hold a job during the school year? YES <input type="checkbox"/> NO <input type="checkbox"/>	How many hours per week do you work?
Occupation:	Employer:
Do you hold a job during the summer? YES <input type="checkbox"/> NO <input type="checkbox"/>	How many hours per week do you work?
Summer Occupation:	Summer Employer:
Tuition Cost Per Semester:	Tuition Cost Per Year:
How is your college education funded? Check all that apply: SELF <input type="checkbox"/> PARENTS <input type="checkbox"/> OTHER FAMILY <input type="checkbox"/> SCHOLARSHIPS <input type="checkbox"/> GRANTS <input type="checkbox"/> LOANS <input type="checkbox"/> OTHER <input type="checkbox"/> Describe:	

Note: All applicants must provide one of the following:

- First page of FAFSA Submission Summary showing your Student Aid Index (SAI). *PREFERRED*
- If you do not have an SAI, please provide the first two pages of the IRS Form 1040: yours if you file independently, OR your parent(s) if you are still a dependent on their tax return (mark out all social security numbers).

VI. SCHOLARSHIP/GRANT/LOAN INFORMATION

Have you received an HAPF Scholarship in the past? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, list year(s):
Are you related to a current or previous recipient of an HAPF scholarship? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, name and relationship to you:	

Please provide a complete list of scholarships, grants and loans you have received in the chart below:

Check this box if you have NO scholarships, loans, or grants.

SCHOLARSHIPS			
Scholarship Name	TOTAL Amount Awarded	Date Awarded (semester & year)	Amount Remaining for Future Years
GRANTS			
Grant Name	TOTAL Amount Awarded	Date Awarded (semester & year)	Amount Remaining for Future Years
LOANS			
Loan Name & Lender Name (if applicable)	TOTAL Amount Borrowed	Current Outstanding Balance	Future Amount to be Borrowed
Please describe any additional financial aid you have applied for that is not reflected above:			

VII. PERSONAL STATEMENT

Please include the following information in the space below (you may duplicate this page if additional space is needed):

- Please describe any extenuating circumstances for you or your family that have affected your ability to continue your education. For instance, any unusual or unexpected financial burden, health crisis, or challenges you face that make receiving financial assistance even more relevant.
- If applicable, changes to income reported in the SAI or IRS Form 1040 you submitted with this application.
- Financial plans, including your parents' participation in achieving those aims.
- Educational and vocational goals.
- Sorority, community and/or Panhellenic goals and involvement you intend to pursue after graduation.

VIII. REFERENCES

- Two(2) references are required for your application.
- Accurate contact information is vital as **THEY WILL BE CONTACTED BY A COMMITTEE MEMBER.**
- References should be someone who knows you well and can speak comfortably on your behalf. **DO NOT** use immediate family members (parents, siblings, grandparents) or collegiate friends or sorority sisters as references.
- Please get permission from your references to provide their contact information and inform them that someone from Houston Alumnae Panhellenic Association will be contacting them for personal information about you.

Reference #1 Name:	
Relationship to You:	
Phone:	Email:
Reference #2 Name:	
Relationship to You:	
Phone:	Email:

IX. ELIGIBILITY & SUBMISSION CHECKLIST

All boxes **MUST** be check for you to qualify and apply.

- I certify that I have graduated from a high school located in one of the following counties: Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, or Waller.
- I certify that I am in good standing with my sorority at the time of application and will remain in good standing the following school year (fall and spring semesters).
- I certify that I am a full-time undergraduate student in accordance with my college or university, both at the time of application and the following school year (fall and spring semesters). If I am a senior graduating in December I shall have full-time status my last semester.
- I understand that this scholarship is applied to tuition only for the fall and spring semesters and cannot be applied to summer tuition.
- I certify that I do not have a source that pays for 100% of my tuition (such as the Hazelwood Act, Texas Tomorrow Fund, etc.), nor am I enrolled in a free tuition program at my college or university.
- I affirm I have a financial need and understand that any funds awarded will be sent directly to my college or university.
- I acknowledge that my photo, name, sorority, college/university, and additional information may be used in HAPA and HAPF online publications, printed publications, websites, and social media platforms.
- I understand that the following required documents must be uploaded via the scholarship page of the HAPA website to be eligible for consideration for a HAPF scholarship:
 - Scholarship Application
 - Resume
 - High School Transcript
 - College Transcript
 - First page of FAFSA Submission Summary showing Student Aid Index (SAI); or first two pages of IRS Form 1040 if SAI is not available (mark out all social security numbers)
 - Letter of Recommendation from Sorority Chapter Advisor
 - Photograph/Headshot, 4 x 6 proportion, vertical alignment (this photo will be used for publicity purposes)
- I understand that if I am selected to receive a scholarship, I will be required to submit proof of enrollment for Fall 2025 and Spring 2026, an official grade report following Fall 2025, and proof of good standing from my sorority chapter advisor. I will inform HAPF of any changes in my academic standing or sorority membership status.

X. CERTIFICATION

I certify that all information provided in this application is current and accurate. I have read the criteria and determined myself to be qualified to receive a Houston Alumnae Panhellenic Foundation scholarship should I be selected.

Applicant Signature:

Date: