2027 SCHOLARSHIP APPLICATION

I. GENERAL INFORMATION

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

II. SCHOLASTIC INFORMATION

Student ID#:	Current Classification: Fr ☐ So ☐ Jr ☐ Sr ☐
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 2027: YES ☐ NO ☐ Spring 2028: YES ☐ NO ☐
Will you be studying or interning at a location other than your main campus during the 2027-2028 school year?	Fall 2027: YES ☐ NO ☐ Spring 2028: YES ☐ NO ☐

III. NPC SORORITY INFORMATION

Sorority:	Initiation Date:
Are you an active member in good standing as defined by your sorority? YES ☐ NO ☐	
Do you hold any offices in your sorority: If so, please provide the name of the office and the dates you held the office:	

IV. FAMILY INFORMATION

Father's Full Name:	
Occupation:	Employer:
Mailing Address: *If different from your mailing address.*	
Phone:	Email:
Mother's Full Name:	
Occupation:	Employer:
Mailing Address: *If different from your mailing address.*	
Phone:	Email:
Parents are: MARRIED ☐ SEPARATED ☐ DIVORCED ☐ OTHER ☐ *Describe:*	

Number of Siblings:	Ages of Each:
Will any of your siblings be attending undergraduate college next year? YES ☐ NO ☐	
If YES, how many?	What colleges?

V. FINANCIAL INFORMATION

Do you hold a job during the school year? YES ☐ NO ☐	How many hours per week do you work?
Occupation:	Employer:
Do you hold a job during the summer? YES ☐ NO ☐	How many hours per week do you work?
Summer Occupation:	Summer Employer:
Tuition Cost Per Year (do not include room and board, travel expenses, books or personal expenses):	
How is your college education funded? Check all that apply: SELF ☐ PARENTS ☐ OTHER FAMILY ☐ SCHOLARSHIPS ☐ GRANTS ☐ LOANS ☐ OTHER ☐ *Describe:*	

Note: All applicants must provide one of the following:

- *First page of the most recent 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 most recent 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 ☐ NO ☐	If YES, list year(s):
Are you related to a current or previous recipient of an HAPF scholarship? YES ☐ NO ☐	
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	**Is this a one-time scholarship or a recurring scholarship?**	**TOTAL Amount Awarded**	**Date Awarded (semester & year)**	**Amount Remaining for Future Years**
GRANTS				
Grant Name	**Will you apply or have you applied for this grant for the 2027-2028 school year?**	**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 spaces below (you may attach additional pages if more space is needed):

a. *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.*

b. *If applicable, what changes have occurred to the income reported in the SAI or IRS Form 1040 you submitted with this application.*

c. *What are your financial plans, including your parents' participation in achieving your education goals?*

d. *What are your educational and vocational goals?*

e. *What Sorority, community and/or Panhellenic goals and involvement do you intend to pursue after graduation?*

VIII. REFERENCES

a. *Two(2) references are required for your application.*
b. *References should be someone who knows you well and can speak comfortably on your behalf (ex. work supervisor, family friend, or neighbor).*
c. ***DO NOT use immediate family members, collegiate friends or sorority sisters as references.***
d. *Accurate contact information is vital as* ***THEY WILL BE CONTACTED BY A COMMITTEE MEMBER****.*
e. *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 checked 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 a collegiate member 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 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 (University Merit Scholarship, Gates Scholarship, QuestBridge Scholarship, 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:

a. Scholarship Application
b. Resume
c. High School Transcript
d. College Transcript
e. 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)
f. Letter of Recommendation from Sorority Chapter Advisor
g. 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 2027 and Spring 2028, an official grade report following Fall 2027, 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. Failure to provide this information may result in forfeiting my scholarship.

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: _____