



Jacksonville Alumnae Panhellenic Association
Mary Louise Herr Memorial Scholarship Application 2020
(Please print legibly)

Name:

First Middle Last

Current local address:

Street

City State Zip Code

Telephone : Cell (mandatory) _____

Home (land line if you have one) _____

Email: _____

Date of Birth: _____

University attending: _____

Sorority affiliation:

Sorority Chapter Initiation Year

Home Address:

Street

City State Zip Code

Cumulative college GPA: _____

Credit Hours completed at time of application: _____

Projected Graduation Date: _____

I, the undersigned, declare that I am a member in "Good Standing" with my sorority and that the information given on this application is, to the best of my knowledge, true accurate, and complete.

Applicant Signature

Date