

Scholarship Application

JAPA Scholarship Application Package Requirements – 2019

The following is a list of requirements for a JAPA Scholarship applicant:

1. The applicant must be a resident of the greater Jacksonville area.
2. The applicant must be sponsored by a current JAPA member.
 - a. JAPA sponsor must personally know the applicant for at least one year.
 - b. JAPA sponsor cannot serve on the Scholarship Committee.
 - c. JAPA member may sponsor only one applicant per year.
 - d. JAPA sponsor must be receptive to calls from the Committee requesting additional information regarding the applicant. The date and time of the Scholarship Committee meeting will be published in the March Newsletter for this reason.
3. The applicant must have a cumulative GPA of 3.0 or better (where A is equal to 4.0) during their entire high school enrollment period.

The following items must be submitted along with the JAPA Scholarship Application:

1. An official sealed transcript of grades and GPA for the entire high school enrollment period (a transcript from each school attended).
2. A resume including (but not limited to) a listing of:
 - a. All schools attended and dates of attendance
 - b. Extra-curricular activities (including offices held and honors awarded)
 - c. Community service activities (number of service hours is helpful)
 - d. Religious activities
 - e. Employment history (including dates of employment)
 - f. Volunteer work (this may, but not necessarily, be included in c. above)
3. A recent photograph that can be used in a news release.
4. Three letters of recommendation (one of which must be from an active JAPA member). Suggested resources for the other two are: teachers, guidance counselors, employers or friends of the family.
5. A brief statement indicating the applicant's reasons for attending college and for her choice of college. The applicant should specifically describe her educational goals, career plans, and how the award will assist her financially.

Completed application and all attachments should be mailed or delivered in one envelope to:

Donna G. Libal
632 Wyndham Ct.
Orange Park, FL 32073

NOTE: The deadline for application acceptance is 5:00 PM, Friday, March 29, 2019. Incomplete applications, or those received after the deadline, will not be considered. Questions should be directed to the Committee Chairs, Donna Libal @ 904-307-9310 or dglibal@bellsouth.net or Joan Bacon @ 904-742-8811 or baconj@duvalschools.org

Jacksonville Alumnae Panhellenic Association

Scholarship Application 2019

(Please print legibly)

Name:

First

Middle

Last

Address:

Street

City

State

Zip Code

Telephone:

Home

Cell

Email:

DOB

Jacksonville Resident Since:

High School(s) Attended:

Please indicate parents' names (and addresses if different from the applicant):

Mother's Name: _____
First Last

Father's Name: _____
First Last

Address: _____
Street

City State Zip Code

Please complete the following:

Unweighted GPA	Weighted GPA	SAT Score	ACT Score	MERIT Scholar (yes or no)

List the names of Advanced Placement and/or Dual Enrollment Courses taken:

AP/Dual Enrollment Course	Class Hours	Year Taken

Please list the colleges or universities to which you have been accepted. Indicate the cost of the tuition and fees for each school you have listed. If you have made a decision as to which school you will be attending, only list that school.

College or University	Tuition and Fees

Please list all scholarships, grants, awards and financial aid you have received. Include the amount and if it is renewable. Please include the Florida Bright Futures and/or National Merit Awards and state the amount of each.

Scholarships, Grants and Financial Aid	Amount	Renewable (yes or no)

Do you have the Florida Pre-Paid Tuition Plan? Yes _____ No _____

If yes, please state the amount \$ _____
Does this include Room and Board? Yes _____ No _____

Is your Mother or Grandmother a current member of JAPA?
Yes _____ No _____

Total number of dependent children in your family: _____

List the ages of each child in your family: _____

Total number in your family attending college next year: _____

Indicate your family's gross income:

- Less than \$40,000 _____**
- \$40,000 to \$60,000 _____**
- \$60,000 to \$80,000 _____**
- \$80,000 to \$100,000 _____**
- More than \$100,000 _____**

We, the undersigned, declare that the information given on this application is, to the best of our knowledge, true, accurate and complete.

Applicant Signature

Date

Parent or Guardian Signature

Date

JAPA Member (Sponsor) Signature

Date