

Detroit Alumnae Panhellenic Association Scholarship Application

Last Name _____ First Name _____ Middle Name _____

Mother's Name _____ Father's Name _____

Home Address _____ City _____ State _____ Zip _____ Phone _____

School Address _____ City _____ State _____ Zip _____ Phone _____

Sorority Name _____ University/College _____

Sorority Chapter Address _____

Sorority Chapter Phone Number _____ Sorority Advisor Name _____

Date Initiated _____ Expected Graduation Date _____ Overall G.P.A. _____

Academic Major _____ Minor (if applicable) _____

Are you a member in good standing (dues/fees paid to date)? Yes No

Sorority Offices Held

Sorority Committee Memberships

Other University Activities

Other On-Campus Leadership Activities

Personal Honors, Awards, Scholastic Achievements On-Campus

Community Activities

*You may fill this form out electronically. Please include your letter and official transcript. Return by February 27, 2009 to:
D.A.P.A Scholarship Chairwoman, Michele Phillips 16595 Fairway St., Livonia MI 48154.*