



# 2026 Alumnae Scholarship Application

Last Day for Submission: **Monday, March 2, 2026**

Submit application and all supporting documentation at:

[https://bit.ly/AAPAF\\_AlumnaeApplication](https://bit.ly/AAPAF_AlumnaeApplication)

## I. GENERAL INFORMATION

Applicant Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal County of Residence: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## II. NPC SORORITY INFORMATION

Sorority: \_\_\_\_\_ Initiation Date: \_\_\_\_\_

Initiating College/University: \_\_\_\_\_

Undergraduate Degree Received From: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Alumnae Group Name: \_\_\_\_\_

Current Graduate Institution or Professional Program Attending (or planned): \_\_\_\_\_

## III. SCHOLARSHIP/GRANT INFORMATION

Note: Previous AAPAF Alumnae Scholarship recipients are ineligible.

Have you received a Collegiate or Alumnae AAPAF Scholarship in the past?      YES      NO

If YES, list type (Collegiate or Alumnae) year(s): \_\_\_\_\_

(If you've received an AAPAF Alumna Scholarship, STOP HERE. You are ineligible.)

Are you related to a current or previous recipient of an AAPAF scholarship?      YES      NO

If YES, name and relationship to you:

**Provide a complete list of scholarships and grants you have received, including the date (semester & year) and amount awarded.**

#### **IV. PERSONAL STATEMENT (Max 250 words)**

Briefly describe your sorority experience, noting any collegiate or alumnae leadership roles. Highlight your contributions as an alumnae chapter member, explain what a Panhellenic scholarship would mean to you, and include relevant academic, professional, or personal goals.

#### **V. REFERENCES**

- Two (2) letters of reference are required for your application to be complete.
  - One letter of reference must be from a Member in good standing of your Alumnae Group
  - One letter of reference must be from an Employer or Professor.
- Reference letters should be provided by someone who knows you well and can speak comfortably on your behalf
- Attach letters of reference when uploading your application and supporting documents at [https://bit.ly/AAPAF\\_AlumnaeApplication](https://bit.ly/AAPAF_AlumnaeApplication)

Please let us know who will be providing your letters of recommendation below:

**Reference #1: Member in good standing of your Alumnae Group**

Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**Reference #2: Employer or Professor**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

## VI. ELIGIBILITY & SUBMISSION CHECKLIST

All boxes MUST be checked for you to qualify and apply:

- I certify I am in good standing with my Sorority and Alumnae Group at the time of application.
- I certify I am currently enrolled in Graduate School or have been accepted in a Graduate Program or Professional Program to continue my education in Fall 2026.
- I understand this scholarship is applied to tuition only for the fall and spring semesters and cannot be applied to summer tuition.
- I acknowledge my photo, name, sorority, college/university, and additional information may be used in AAPA and AAPAF online publication, printed publications, websites, and social media platforms.
- I understand the following required documents must be uploaded for consideration.
  - Alumnae Scholarship Application
  - Current Resume
  - Unofficial Undergraduate or Graduate College Transcript (s) as applicable
  - Proof acceptance for Fall 2026
  - Letter of Reference from a Member in good standing of your Alumnae Group
  - Letter of Reference from an Employer or Professor
- I understand if I am selected to receive a scholarship, I will be required to submit proof of enrollment for Fall 2026.

## VII. CERTIFICATION

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_