



2026 Alumnae Scholarship Application

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

Submit application and all supporting documentation at:

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

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: _____