

SOUTHERN NEVADA ALUMNAE PANHELLENIC ASSOCIATION (SNAP) COLLEGIATE SCHOLARSHIP ELIGIBILITY REQUIREMENTS

The Southern Nevada Alumnae Panhellenic Association (SNAP) is offering up to \$1,000.00* in scholarships for the upcoming academic year, to sorority women.

Criteria:

1. Applicant must be a freshman, sophomore, junior or senior (requiring a fifth year for completion of her major) attending an accredited 4 year college/university.
2. Applicant must be enrolled as a full-time student.
3. Applicant must be a resident of Clark County, or have a permanent student address in Clark County and/or has graduated from a Clark County High School.
 - a. Applicants who are attending a college or university outside of Clark County, but attended a Clark County High School must include a copy of their last report card from High School with their application.
4. Applicant must be an initiated member in good standing of a National Panhellenic Conference sorority that is in good standing with the Southern Nevada Alumnae Association.
5. Applicant must have an overall grade point average of at least 2.8.
6. Applicant must demonstrate on-going involvement in her sorority.
7. Applicant must provide two recommendations (current chapter members or relatives excluded)
 - a. The Chapter Advisor or other alumnae of the Advisory Board
 - b. Current Faculty member or employer
8. Applicants who have previously received two (2) SNAP scholarship awards are not eligible.

How to Apply:

1. Obtain Application materials (application and recommendation forms) by emailing Southern Nevada Alumnae Panhellenic Association, your Chapter President, Chapter Advisor, or Panhellenic President.
2. Complete the forms thoroughly, neatly and on time.
3. Return the page application and two (2) sealed recommendations and a University Transcript to:

**SNAP Scholarship
Attn: Alexandra Liebman
10394 Starthistle Lane
Las Vegas, Nevada 89135**

4. Make sure your materials are postmarked no later than:
 - Spring Semester Application: December 1
 - Fall Semester Application: June 1

* Specific scholarship amount will be determined by the number of qualified applicants.

APPLICATION FOR COLLEGIATE SCHOLARSHIP
SOUTHERN NEVADA ALUMNAE PANHELLENIC ASSOCIATION (SNAP)

INSTRUCTIONS: Complete ALL portions of the application. If an item does not pertain to you, please put N/A or a dash on the line so we are aware that no answer applies. PLEASE TYPE OR PRINT CLEARLY.

PERSONAL INFORMATION:

Last Name: _____ First Name _____ M.I: _____

National Panhellenic Conference Sorority: _____ Initiation Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

High School Attended: _____

COLLEGE/UNIVERSITY INFORMATION:

College: _____ Year in School: _____

College Address: _____

City: _____ State: _____ Zip: _____

College Phone Number (_____) _____

Expected College Degree: _____ Expected Grad Year: _____

Major(s): _____

Internship/Study Abroad Experiences: (past/present/future): _____

Cumulative College GPA: _____ No. of Credits to be taken in the Fall /Spring: _____

How many credits qualify you for full-time enrollment? _____

***Please attach an official college transcript with your application and email to snapscholarship@gmail.com or mail directly to:**

**SNAP Scholarship
Attn: Alexandra Liebman
10394 Starthistle Lane
Las Vegas, Nevada 89135**

FINANCIAL INFORMATION:

FINANCES

List scholarships, grants, loans received currently, giving amount, source and duration.

LOANS:

Total amount outstanding to date: _____

ESTIMATED EXPENSES FOR NEXT YEAR

Tuition \$ _____
Room \$ _____
Board \$ _____
Books \$ _____
Transportation \$ _____
Miscellaneous* \$ _____
(Including sorority dues)

TOTAL \$ _____

*Itemize on reverse side if over \$350

AMOUNT OF INCOME AVAILABLE NEXT YEAR

Employment
During school \$ _____
Summer \$ _____
Parent's Contribution \$ _____
Scholarships & Grants \$ _____
Savings \$ _____
Loans \$ _____
Miscellaneous* \$ _____

TOTAL \$ _____

EMPLOYMENT:

List your past and current employment record including dates and/or attach a current resume:

Are you employed during the school year? _____ Yes _____ No. If yes, in what capacity (include campus employment)? _____

Place of employment: _____ Hours/week: _____

Amount earned: _____

DESCRIBE YOUR REASONS FOR APPLYING FOR THIS SCHOLARSHIP: (You may use a separate sheet if necessary). Be as specific as possible.

YOUR GOALS AND PLANS FOR THE FUTURE: (You may use a separate sheet if necessary). Be as specific as possible.

COLLEGIATE ACADEMIC HONORARIES AND RECOGNITIONS (*Societies only – do not include Dean’s List*)

COLLEGIATE ACTIVITIES:

List membership in organizations, including name, description of each if necessary, offices and chairs held **and approximate hours per week spent in each activity.**

SORORITY (Chapter Activities/Offices/Committees) **Academic Year Hours/Week**

CAMPUS ACTIVITIES Academic Year Hours/Week
(Organizations...include sports/teams - collegiate or intramural)

NON-ACADEMIC HONORARIES AND RECOGNITIONS (Societies)

VOLUNTEER WORK (Non-Sorority/Campus/Community/Church) Year(s) Hours/Week

PERSONAL STATEMENT

Please submit an essay **between 250-500 words** explaining what your sorority means to you.

RECOMMENDATIONS:

Two (2) sealed recommendations are required (**RELATIVES AND ALL CURRENT CHAPTER MEMBERS CANNOT WRITE RECOMMENDATIONS**). *Please use the provided form*. One recommendation **MUST BE** from a Chapter Advisor or other alumnae member of the Advisory Board.

Be sure each recommendation includes the applicant's full name and sorority. The recommendations **MUST BE INCLUDED** with this application. (**Recommendation form included on the next page**).

RECOMMENDATION FORM FOR SOUTHERN NEVADA ALUMNAE PANHELLENIC ASSOCIATION (SNAP) COLLEGIATE SCHOLARSHIP

APPLICANT'S PERSONAL INFORMATION:

Last Name: _____ First Name: _____ M.I.: _____

National Panhellenic Conference Sorority: _____

RECOMMENDER'S PERSONAL INFORMATION:

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

Phone Number: _____ Email: _____

Relationship to Applicant: _____

I. Please evaluate the applicant according to the following rating scale:

5=Outstanding, 4=Above Average, 3= Average, 2=Below Average, 1=Unsatisfactory, *=Insufficient knowledge to rate this trait.

TRAIT	DEFINITION	RATING
Integrity	Trustworthy, truthful, sincere, loyal, guided by a high sense of personal and moral beliefs	
Leadership	Influences, stimulates, guides, and directs others effectively	
Reliability	Dependable, conscientious, accurate, punctual, maintains perspective, stability under pressure	
Initiative	Self-Motivated; creative; assumes responsibility voluntarily when needed	
Cooperation	Accepts suggestions well, works harmoniously with other individuals or respects ideas and abilities of others	
Judgment	Thinks clearly, analyzes situations carefully and takes appropriate	
Management	Organizes work efficiently and effectively plans for wise use of time, goal orientated	
Maturity	Well balanced, weighs personal decisions and actions carefully and accepts responsibility for them, acknowledges her own limitations and recognizes when help is needed	
Social	Congenial, courteous, kind, caring, refined in manner, poised, well spoken	

II. Please explain why you feel this applicant is deserving of scholarship assistance.

Signature of Person Submitting Form

Date

Please mail form to
SNAP Scholarship
Attn: Alexandra Liebman
10394 Starthistle Lane
Las Vegas, Nevada 89135