

## National Pan-Hellenic Council at UCF "Because of You" Scholarship

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

Classification by credits (Circle one): F. So. Jr. Sr. Major: \_\_\_\_\_

Current cumulative GPA: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Sex (Circle one): Female Male

The National Pan-Hellenic Council is a collaborative organization composed of nine historically African-American fraternities and sororities. The council serves as a way for these organizations to interact while exchanging information regarding forums, meetings and various activities. Though each organization's founding principles differ, a passion for service and scholarship are found throughout them all.

The *Because of You* Scholarship will award two students with a \$150 book scholarship. These students must meet the following requirements:

- Have a minimum of a 2.75 cumulative GPA
- Be a current full-time UCF student
- Have at least one semester of school remaining with 9 or more credit hours to complete
- Applicants may **NOT** be a member of a Greek Lettered Organization (NPHC, PAN, IFC, or DGC)
- Have made an impact or difference in the UCF and/or Greater Orlando Community

Applicants must submit the requirements listed below to the Office of Fraternity and Sorority Life no later than **Thursday April 7<sup>th</sup> at 5pm**. The scholarship recipients will be announced on April 16<sup>th</sup> between 12pm and 1pm in the Atrium of the Student Union. Recipients are asked and highly encouraged to be present, but it is not required due to scheduling conflicts.

### Applicant Checklist

- ✓ Completed and signed Application Form
- ✓ A copy of an up-to-date Degree Audit
- ✓ A resume
- ✓ Explain what you have done to impact the UCF and/or Orlando Community. How have others benefitted in some way **because of you**? Please keep your response between 250-300 words.
- ✓ Signed and dated Agreement Clause

**Agreement Clause**

I, \_\_\_\_\_, acknowledge that the information I have submitted is authentic and has been answered truthfully to the best of my knowledge. I understand that any information I have submitted that is found to be false will immediately terminate my eligibility to become a potential recipient of the *Because of You* Scholarship. I also understand that it is up to the discretion of the NPHC Executive Board to decide the recipients of this scholarship. If chosen, my signature also indicates my permission to allow the UCF National Pan-Hellenic Council to use my name for publicity opportunities as the recipient of the *Because of You* Scholarship.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_