

Phi Phi Scholarship Application (deadline to file October 16, 2026)

Dear Brothers of the Phi Phi Chapter:

Your Chapter is privileged to have two named scholarship funds. The related awards were created by Phi Phi members who believe in giving back to the Alpha Chi Rho Brotherhood through scholarships.

- 1) The fund created by **James W. Rappaport, ΦΦ '77** made its first award in 2008. The scholarship is awarded every fall and is based on academic excellence, financial need, and participation in on-campus and off-campus activities. To be considered for the scholarship, applicants must be full-time students at the University of Pennsylvania, must be in good standing with the University and the Fraternity, and shall be moving successfully toward completion of academic coursework.
- 2) The fund created by **Fred Sanfilippo, ΦΦ '70** and his son **Joseph, ΦΦ '11** made its first award in 2015. The award shall be granted annually to an enrolled full-time student working to earn his degree that will enable him to pursue a **career in the field of healthcare.**

The criteria used to select a winner shall include:

- Interest in a career in healthcare
- Academic achievement including grades and class rank
- Campus or Community extracurricular involvement
- Fraternity involvement
- Leadership
- Work history
- Financial need
- Personal attributes

Applicants should file the application and essay. The two references can be submitted separately.

To be considered for the scholarship, applicants must be full-time students at the University of Pennsylvania, must be in good standing with the University and the Fraternity, and shall be moving successfully toward completion of academic coursework.

IMPORTANT: The deadline for the receipt of the application and two recommendations is October 16, 2026. Notification of receipt of scholarship should be made by the end of October 2026.

All forms must be returned to: Scholarship Committee
Alpha Chi Rho Educational Foundation, Inc.
109 Oxford Way
Neptune, NJ 07753

You may submit via email to: upennscholar@alphachirho.org
Please label your message "scholarship application".
Questions (732) 988-0588

Alpha Chi Rho Educational Foundation, Inc

Application for Scholarship – **DUE BY OCTOBER 16, 2026**

Check one or more:

- ☐ **James W. Rappaport - Phi Phi Scholarship**
☐ **Sanfilippo - Phi Phi Scholarship – for individual seeking a career in the field of healthcare – broadly defined.**

This application must be completed in its entirety. The Scholarship Committee of the Alpha Chi Rho Educational Foundation may deem incomplete applications invalid.

PERSONAL INFORMATION

Name _____ ID# _____

Home Address _____

City _____ State _____ Zip Code _____

Campus Address _____

Home Phone _____ Cell Phone _____

E-Mail _____

ACADEMIC INFORMATION

Date of Entrance to PENN _____ Major _____

Minor/Concentration _____

Total PENN credits completed to date _____ Cumulative GPA _____

Present Course Load _____ credits Expected Graduation _____

MEMBERSHIP, ACTIVITIES, ORGANIZATIONS, CLUBS, AWARDS, HONORS while at the University of Pennsylvania only. (Please attach a list and describe fully the extent of your involvement with clubs, organizations, and activities. Explain the nature of awards and honors including qualifications to be eligible for such awards.)

COMMUNITY SERVICE ACTIVITIES while at the University of Pennsylvania. (Please attach a list that describes the extent of your involvement including leadership functions.)

ESSAY stating why you are deserving of this scholarship. (Please attach and be sure that the essay does not exceed the 1000 word limit.)

REMINDER: To be eligible for the Phi Phi Scholarship, you must be enrolled as a full-time student at the University of Pennsylvania and be in good standing with the University and the Fraternity. If you are selected, you must remain enrolled full-time for the entire academic year that the gift is awarded to you.

RECOMMENDATIONS

Applicants must have two recommendations completed by someone who is qualified to make a reasoned judgment concerning your eligibility for the scholarship. Their judgment may consider academic achievement at the University of Pennsylvania, co-curricular activities, and service to the Penn and outside community while attending the University of Pennsylvania.

It is the applicant's responsibility to ensure that all required documents have been submitted by the deadline stated in the application materials.

CERTIFICATION

I certify that the information I have provided in this application is true and complete. Additionally, I understand that the recommendations submitted on my behalf are to be kept confidential. Therefore, I waive any rights I may have to review such recommendations.

Signature of Applicant

Date

REMINDER: To be eligible for the Phi Phi Scholarship, you must be enrolled as a full-time student at the University of Pennsylvania and be in good standing with the University and the Fraternity. If you are selected, you must remain enrolled full-time for the entire academic year that the gift is awarded to you.

Alpha Chi Rho Scholarship

RECOMMENDATION FORM – **DUE BY OCTOBER 16, 2026**

Student Applicant's Name _____

The student named above is applying for a scholarship administered by the Alpha Chi Rho Educational Foundation. In order to help the Scholarship Committee make a sound judgment, we ask that you make a fair evaluation of the student's academic ability as well as the student's involvement in campus and community activities. Reasons to support your rating must also be provided in the space below. The information you provide in this recommendation will be kept confidential. Upon completion of the form, please forward to: **Scholarship Committee, Alpha Chi Rho Educational Foundation, Inc., 109 Oxford Way, Neptune, NJ, 07753**. Recommendations can be sent electronically and should be labeled "scholarship recommendation". upennscholar@alphachirho.org

This form must be received no later than October 16, 2026. The Scholarship Committee will not consider a recommendation that has no rating or support for the rating.

Length of time you have known the student _____

Please rate the student based on the criteria outlined above (1 = Poor; 5 = Superior).

___ 5 ___ 4 ___ 3 ___ 2 ___ 1

Please state how you know the student you are recommending, along with reasons to support your rating.

Print Name _____ Phone _____

___ PENN Faculty/Staff ___ AXP Alumnus ___ Other _____

Signature _____ Date _____

RECOMMENDATION FORM - DUE BY OCTOBER 16, 2026

Signature _____ Date _____