

ZETA PHI BETA SORORITY, INC.
EPSILON EPSILON ZETA CHAPTER
&
The Z.E.T.A. FOUNDATION



SCHOLARSHIP APPLICATION 2017

1. This scholarship is only available to graduating high school seniors from Orange, Osceola and Seminole counties.
2. Must be postmarked to the address below no later than **April 27, 2017**.
Zeta Phi Beta Sorority, Incorporated
Epsilon Epsilon Zeta Chapter
P.O. Box 555682
Orlando, Florida 32805
3. The Scholarship will be awarded for the **Fall Semester** of the upcoming academic year.
4. **Applicant must supply proof of acceptance and matriculation to a college or university such as a letter of acceptance.**
5. Applicant must be of good character and must be a full-time student in good standing with an **Academic GPA of 2.5 or higher.**
6. **Official High School transcripts and two letters of recommendation must accompany the application. One must come from a current teacher and the other recommendation may come from an organizational leader, an employer, or a spiritual leader.**
7. The scholarship will not exceed \$2,500 for a full academic year. The amount may vary up to \$2,500. Any amount exceeding \$2,500 will require a special recommendation from the Scholarship Committee to the Sorority.
8. The amount of the scholarship will be made payable directly to the college or university to be applied toward tuition or other appropriate college fees.
9. Applicants should include a list extracurricular activities, social, civic and religious involvements.
10. All winning recipients will be notified by **May 20th, 2017** via email or phone call.
11. If you have any questions or concerns, please contact the Zetas Excelling Through Action Foundation at ZETAFOUNDATION@GMAIL.COM



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Student Information:

Name _____
Last First Middle

Address _____

City State Zip code

Phone Number _____ Email _____

Date of Birth _____ Age _____ Graduation Date _____

Name of High School _____

High School Address _____

City State Zip code

Name of anticipated College/University _____

Address _____

City State Zip Code

Family Information:

Mother's Name _____ Occupation _____

Home Address _____

City State Zip code

Home Phone Number _____

Father's Name _____ Occupation _____

Home Address _____

City State Zip code

Home Phone Number _____

Number of siblings _____ Ages _____



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List school and community activities in which you participate and any positions held in that activity or organization:

What are your Hobbies and Interests?

Employment Experiences:

What are your career aspirations and why?

What other financial assistance and/or scholarships have you applied to and/or received for the upcoming school year?

Please describe in 1000 words or less why you should be awarded this scholarship.

Student Signature _____ Date _____

Scholarship Checklist

- High School - Transcripts
- Photo (can be provided on a separate page)
- Two letters of recommendation (sealed in envelopes)
- Proof of acceptance or matriculation must be attached to this application