



# Scholarship APPLICATION

**Zeta Phi Beta Sorority, Incorporated  
Alpha Alpha Chi Zeta Chapter**

**C/o Ms. Pamela L. Felder  
PO Box 62  
Neptune, NJ 07753**

*Scholarship, Service, Sisterhood, and Finer Womanhood*

January 2018

Dear Applicant:

On behalf of Zeta Phi Beta Sorority, Inc., Alpha Alpha Chi Zeta Chapter, we would like to congratulate you on this very important milestone in your life. We value education, as Scholarship is one of the principles on which our organization operates. The process of not only choosing a college, but also deciding how you would like to continue your education can most certainly be an overwhelming task. With this in mind, the Ladies of Alpha Alpha Chi Zeta Chapter are presenting you with an opportunity to apply our scholarship award.

We would like to offer select graduating female seniors, attending a college/university, who meet both academic and leadership criteria a non-renewable academic scholarship. A few of the qualifying criteria asks that you, the student, attend school or reside in our service area of Monmouth and Ocean Counties, have a minimum grade point average (GPA) of 3.0 and demonstrate leadership and community service through extra-curricular activities.

Enclosed you will find the guidelines and application for our 2017-18 Scholarship. If you are chosen to receive one of the scholarships, your Guidance Counselor will be notified via phone and email, and an official letter from Zeta Phi Beta Sorority, Inc. Alpha Alpha Chi Zeta Chapter will be sent to your current address.

The completed application along with the required documents must be **POSTMARKED NO LATER THAN April 13<sup>th</sup>**. **Applications that are submitted late and/or incomplete will not be considered.** Please make sure that you have read and understand all of the guidelines of the scholarship application. Again, congratulations on your decision to pursue higher education, and we pray you have much success in your future.

**Please read the guidelines and instructions carefully.** If you have any questions or need additional information, please do not hesitate to email Ms. Pamela L. Felder, Scholarship and Educational Programs Committee Chair at [AAXZSecondVP@gmail.com](mailto:AAXZSecondVP@gmail.com).

Sincerely,

Chasity L McDonald, Alpha Alpha Chi Zeta Chapter President

Pamela L. Felder, 2<sup>nd</sup> Vice President/Scholarship Committee Chairperson



**ZETA PHI BETA SORORITY, INC. ALPHA ALPHA CHI ZETA  
GUIDELINES FOR 2017-18 ACADEMIC YEAR  
ANY APPLICATION NOT MEETING THESE GUIDELINES WILL BE DISQUALIFIED**

1. This scholarship is for a graduating female senior attending a four (4) year college/university. She must reside or attend high school in our service area of Monmouth and Ocean Counties, /or is the daughter of a Zeta Phi Beta Sorority, Inc. member.
2. Only **completed applications** will be reviewed. If sections of the application are not applicable to you, please note it by answering "N/A."
3. Please include your complete permanent mailing address, phone number and email address (*if applicable*) on the application.
4. Submit **TWO (2)** letters of recommendation, one from a non-relative (friend, neighbor, minister, etc.) and another from a current or recent administrator or teacher. Letters must be current, dated, and include original signatures.
5. Submit current **transcript** with official school stamp, embossed seal, or authorizing signature of school official and proof of **acceptance and enrollment** to a four (4) year college/university. Transcript should include current GPA, Class Rank, and ACT/SAT score. **Home-schooled students must have their transcripts and SAT/ACT scores verified by an authorized school official's signature.** (Signature/Position in school/with phone # for verification.)
6. Submit current 2017-2018 semester/cycle report cards.
7. **Submit a typed personal essay between 500-750 words** which include **all** of the following:
  - Why you should be considered to receive the scholarship
  - Your intended major and goals for after college
  - How have you made a difference in your school/community
  - Name at least one person and or event that has influenced you the most in your life and why
8. Your guidance counselor must complete the section at the bottom of the application requesting GPA, rank, and SAT/ACT score information.
9. The application must be completed and **postmarked** to the **Scholarship Committee Chairperson no later than (April 13<sup>th</sup>)**. All applications must contain all enclosures and be mailed in one packet only. **Applications that are submitted late will not be considered.**

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**INTERNAL REVENUE SERVICE PUBLICATION 520**

A qualified scholarship is any amount you receive as a scholarship or fellowship grant that is used according to the condition of the grant for:

1. Tuition and fees required to enroll in, or to attend, an educational institution, or
2. Fees, books, supplies, and equipment that is required for the courses of instruction at the educational institution.

**SECTION I** – Contact Information (please type)

Students First Name: \_\_\_\_\_ Students Last Name: \_\_\_\_\_

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

Full Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**SECTION II** – High School Information

High School Name: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip Counselor's Phone Number

**An official high school transcript must accompany this application.**

Please list any high school activities in which you have participated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any awards and/or honors that you have received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III** – Community Service

Please attach a list of all community service/volunteer activities in which you have participated, along with the number of hours.

**SECTION IV** – Seal of Application

*I have fully read and understand the guidelines of this application.*

\_\_\_\_\_  
*Student Signature Parent/ Guardian's Signature*

**For High School Official Use Only**

**Have your High School Guidance Counselor complete this section.**

GPA \_\_\_\_\_ # of Graduating Seniors \_\_\_\_\_ Rank \_\_\_\_\_ Highest SAT/ACT Score \_\_\_\_\_  
(GPA is computed on a \_\_\_\_\_ scale)

\_\_\_\_\_  
School Official Print Name School Official Signature

\_\_\_\_\_  
Title Date