

Zeta Phi Beta Sorority, Inc.

Gamma Alpha Upsilon Zeta Chapter

P.O. Box 1234

Crestview Fl. 32536

[www.crestviewzetas.com](http://www.epsilonxizeta.org)

# High School SCHOLARSHIP APPLICATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | | | First | | | |  | | | | | | | | | | | | | | M.I. | | |  | Date | |  | | |
| Street Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | | | | | |
| City | | | | |  | | | | | | | | | | State | | | | |  | | | | | | | | | | | | | ZIP | |  | | | | | | |
| Home Phone | | | | |  | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Cell Phone | | | | |  | | | | | | | | Date of Birth/Age | | | | | | |  | | | | | | | | | | Anticipated Graduation Date | | | | | | | | |  | | | | |
| Current High School | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Name(s) | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Name(s) Occupation | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | |  | | | | | | | | | | | | Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | |  | To | |  | | | Did you graduate? | | | | | | | YES | | | NO | | | Degree | | | | | | | |  | | | | | | | | | | | | |
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| Work Experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company 1 | | |  | | | | | | | | | | | | | | | | Phone | | | | ( ) | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | Job Title | | | | | |  | | | | | | | | | | | | | | | |
| From |  | | | To | | | | |  | | | Responsibilities | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company 2 | | |  | | | | | | | | | | | | | | | | Phone | | | | ( ) | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | Job Title | | | | | |  | | | | | | | | | | | | | | | |
| From |  | | | To | | | | |  | | | Responsibilities | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ACADEMIC AND COMMUNITY ACTIVITIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Position | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | |  | To | |  | | | Describe Organization | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Position | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | |  | To | |  | | | Describe Organization | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Position | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | |  | To | |  | | | Describe Organization | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| honors and awards received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Honor/Award | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Honor/Award | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Honor/Award | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Honor/Award | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| LIST COLLEGE/UNIVERSITy ACCEPTANCES (Please Include Copies Of Acceptance Letter(s)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College/University | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College/University | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College/University | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College/University | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College/University you plan to attend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LIST Source(s) and amount(s) of other financial aid you expect to apply and/or to receive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Amount Expected | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Amount Expected | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Amount Expected | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | Amount Expected | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| rankings and other information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Class Standing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Class Size | | | | |  | | | | | | | | | | | | Class Rank | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Top 10% | | | | |  | | | | | | | | | | | | Top 25% | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Test Scores** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SAT | | | | |  | | | | | | | | | | | | Date | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ACT | | | | |  | | | | | | | | | | | | Date | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | |  | | | | | | | | | | | | Date | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Field of Study** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intended Major | | | | |  | | | | | | | | | | | | Intended Minor | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| If undecided, what field of study interests you most? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three (3) professional references who will write confidentially about your character and/or financial need. **These letters must accompany this application. Your application will be considered incomplete if all three are not attached. One (1) must be from a school guidance counselor, teacher, principal or vice principal. The other two (2) must be from work, church or community affiliation.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | | | | Phone | | | | | | ( ) | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | Relationship | | | | | | | | |  | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | | | | Phone | | | | | | | ( ) | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | Relationship | | | | | | | | |  | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | | | | Phone | | | | | | | ( ) | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal Statement/Essay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In 200 - 300 words, explain why you should be awarded this scholarship and the benefits on a short-term and long-term basis. This must be neatly typed and doubled spaced on a separate sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to me being selected for a scholarship, I understand that false or misleading information in my application or interview may result in the retraction of the scholarship. I also understand that I will adhere to the requirements and procedures required by Zeta Phi Beta Sorority, Inc. Gamma Alpha Upsilon Zeta Chapter, otherwise any awards can be delayed or revoked. I agree to follow the guidelines and criteria as stipulated by Zeta Phi Beta Sorority, Inc. Gamma Alpha Upsilon Zeta Chapter or I will forfeit any and all scholarship funds. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | |
| Parent/Guardian Signature | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | |

# Application must be received by May 15, 2021.

**Please return the completed application along with supplemental materials to**:

Gamma Alpha Upsilon Zeta

Attn: Miranda Griffin

Scholarship Committee Chairperson

P.O. Box 1234

Crestview Fl. 32536

# Criteria for Scholarship Selection

1. Applicant must be a resident of Okaloosa County and attends an accredited high school in FL or be at the recommendation of an active and financial member of Zeta Phi Beta Sorority, Inc. Gamma Alpha Upsilon Zeta Chapter.
2. Applicant must possess a 2.5 or higher cumulative grade point average (GPA).
3. Applicant must produce an: Official Transcript from their current high school, Letter(s) of acceptance(s) from a 4-year accredited college/university and personal statement.
4. Applicant must submit three letters of recommendation as noted on the application. (**Refer to the section entitled “References” for additional information**).
5. Each scholarship will be awarded on a year to year basis.

(**Please note that scholarship recipients must supply proof of matriculation yearly and send official transcript of grades each semester).**

1. Any application received after March 15, 2021 **will not be considered.** Official transcript, letters of acceptance, letters of recommendation, and personal statement must accompany the application. **Incomplete and hand delivered applications will not be considered.**
2. Application must be mailed (hand delivered applications will not be accepted) to:

Zeta Phi Beta Sorority, Inc.

Gamma Alpha Upsilon Zeta Chapter

Attn: Miranda Griffin

Scholarship Committee Chairperson

P.O. Box 1234

Crestview, Fl. 32536

1. Applicant will be notified of interview and selection decision during the month of April.
2. Scholarship recipient must agree to submit Bursar’s receipt and official transcript on or before August 31st for the Fall semester and January 31st for the Spring Semester to the Scholarship committee of Zeta Phi Beta Sorority Inc. Gamma Alpha Upsilon Zeta Chapter.
3. After registration has been completed at the college/university **AND** once Zeta Phi Beta Sorority, Inc. Gamma Alpha Upsilon Zeta receives a copy of the receipt or a letter from the college on letterhead confirming enrollment status from official college representative, the scholarship will be given directly to the recipient.  It is the responsibility of the recipient to provide Gamma Alpha Upsilon Zeta with the necessary and acceptable documents.
4. If selected the recipient or a representative must be present at the Applebee’s Awards Tea, Dinner, Ceremony which will be held during the month of May.
5. **Applicant must sign and date the application and complete in its entirety.**