



**SCHOLARSHIP APPLICATION  
FOR STUDENTS WITH SPECIAL NEEDS  
(Please type when completing this application)**

**PART I – PERSONAL DATA**

**NAME** \_\_\_\_\_  
First Middle Last

**PERMANENT ADDRESS** \_\_\_\_\_  
Street Number City State Zip

**MAILING ADDRESS** \_\_\_\_\_  
Street Number City State Zip

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**BIRTHDATE (Month, Date, Year)** \_\_\_\_\_

**NAME OF PARENTS/GUARDIAN** \_\_\_\_\_  
FATHER/GUARDIAN PHONE

\_\_\_\_\_  
MOTHER/GUARDIAN PHONE

**PART II - EDUCATIONAL DATA**

**High School/College/University Attended:**

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Name	Location	Year in Attendance	Graduation
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**Name and Address of School You Plan to Attend or Currently Attend:**

**Honors you received:**


**PART III – EXTRA CURRICULAR ACTIVITIES**

**School Organizations and Offices held:**


**Special Recognitions you received:**


**PART IV – COMMUNITY SERVICE**

List all organizations not connected with the school to which you belong or have belonged:


List of offices held in these organizations:


**PART V – WORK EXPERIENCE**

List any school and/or work experience:

Company	Job Title	# of Semesters worked

List any work experience outside of school \_\_\_\_\_

## PART VI - REQUIREMENTS

Submit the following:

- A. Official copy of High School or College transcript verifying an unweighted GPA of 2.5 or higher.
- B. Two (2) letters of recommendation; one must be from school personnel from your high school/college or department head or advisor. The other reference may be from a civic leader, minister, professional person, or employer (list name, address, and occupation below).
- C. A 3x5 inch photo to be used in Sorority publications.
- D. A typewritten paragraph (200-250 words) regarding future educational goals and objectives and how this scholarship will help to attain those goals.
- E. Completed application packet.
- F. Local Chapter submits a completed application packet.

Chapter President \_\_\_\_\_ Date \_\_\_\_\_

Chapter Name \_\_\_\_\_ Region \_\_\_\_\_

## PART VII – SPECIAL NEEDS REQUIREMENTS

The information that I have given on this application is true. I have submitted all required transcripts, photo, and written statements. I agree to submit any other necessary information required. I will abide by the decision of the Educational & Charitable Foundation of Eta Phi Beta Sorority, Incorporated, Grand Chapter.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Disclaimer: If the scholarship funds are awarded and the recipient does not attend school for any reason, we reserve the right to request the return of all scholarship funds to the Educational & Charitable Foundation of Eta Phi Beta Sorority, Incorporated, Grand Chapter.