

ETA PHI BETA SORORITY, INCORPORATED, _____



Scholarship Checklist for Special Needs Students

Applicant's Name _____

Document	Included (Y or N)
THIS IS COMPLETED BY THE CHAPTER	
Official transcript documenting an unweighted GPA of 2.0 or higher	
School personnel recommendation	
Community, church, or employer recommendation	
Verification of volunteer services	
Verification of community services	
Verification of organizational involvement	
Verification of extra-curricular activities	
100-150 words typed paragraph	
Acceptance letter or current class schedule	
Special recognitions	
3x5 inch photo	
Signed parental consent form verifying the presence of an intellectual or learning disability, if applicable	
Media Release Form	

Signature of Chapter President

Chapter

Date