

ETA PHI BETA SORORITY, INCORPORATED, \_\_\_\_\_



## SCHOLARSHIP APPLICATION

(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:**

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**Honors Received:**


**PART III – EXTRA CURRICULAR ACTIVITIES**

**School Organizations and Offices Held:**


**Special Recognitions Received:**


**PART IV – COMMUNITY SERVICE**

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


**List 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. Local Chapter submit completed application packet.

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

ChapterName \_\_\_\_\_ Region \_\_\_\_\_

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.

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.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date