



**Zeta Phi Beta Sorority Incorporated  
Tau Psi Zeta Chapter  
Life Members**



*Scholarship Award Application*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Chapter: \_\_\_\_\_

The women of Zeta Phi Beta Sorority, Inc., Tau Psi Zeta Life Members will award a scholarship to an eligible member of Zeta Phi Beta Sorority, Inc., pursuing any Advanced Degree (Masters or Doctorate) to commemorate our Annual Finer Womanhood Scholarship Prayer Breakfast.

To be considered, the applicant must meet the following qualifications:

**Qualifications:**

- Must be an active, financial member of Zeta Phi Beta Sorority, currently holding membership within any chapter
- Must be pursuing any Advanced Degree (Masters or Doctorate) in an accredited program
- Must meet the GPA requirement: 3.0 minimum
- Must show community service involvement
- Must submit a brief bio and (non-returnable) headshot picture with application

Along with the application, please submit the following

- Must submit an official transcript directly from the school to the Scholarship Committee.
- Must submit two (2) letters of recommendations from:
  - Professor or Guidance Counselor  
and
  - Minister or Community Leader or comparable person that can attest to your leadership, community service and academic standing

All applications **must** be completed, typewritten and **received** by February 27<sup>th</sup>. Please forward application, transcripts and recommendations directly to:

**Zeta Phi Beta Sorority, Inc.  
Tau Psi Zeta Chapter  
Attn: Life Members Scholarship  
12003 S. Pulaski Rd., #106  
Alsip, IL 60803-1221**

**Note:** The decision of the committee is final. Award recipient(s) will be announced publicly during our Annual Finer Womanhood Scholarship Prayer Breakfast in March. Scholarship recipients may only receive the scholarship one time.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Cellular Telephone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Initiating Chapter: \_\_\_\_\_ Current Chapter: \_\_\_\_\_

Initiation Date: \_\_\_\_\_ Current Position: \_\_\_\_\_

School attending: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Seeking: \_\_\_\_\_

Online or Traditional: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_

# of hours earned: \_\_\_\_\_ # of hours remaining: \_\_\_\_\_

Current GPA: \_\_\_\_\_ List Earned Degrees: \_\_\_\_\_

List below your elected and appointed positions served **with** dates (list only committees chaired):

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

List below your activities, leadership positions, honors, and awards **with** dates:

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Community Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leadership Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Currently Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Retired? \_\_\_\_\_ If employed, complete the following:

Employer: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, have truthfully completed all information in this application and understand that any falsifications or misrepresentations of any kind will immediately deem my application ineligible for receipt of the scholarship funds. If I receive this award, I agree to report my academic progress in writing for the applicable quarter/semester that I will receive the award. This information will be forwarded to the Scholarship Committee.

Applicant's Name \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Chapter President's Signature \_\_\_\_\_ Date: \_\_\_\_\_

