

ZETA PHI BETA SORORITY INCORPORATED

Upsilon Kappa Zeta Chapter - Bloomington, Indiana



SCHOLARSHIP APPLICATION

Zeta Phi Beta Sorority, Incorporated was founded on the campus of Howard University on January 16, 1920 as the result of encouragement given to its five founders: Arizona Cleaver Stemons, Fannie Pettie Watts, Myrtle Tyler Faithful, Pearl Anna Neal, and Viola Tyler Goings by Charles R. Taylor and A. Langston Taylor, members of Phi Beta Sigma Fraternity, Inc. The principles that grace this organization are Scholarship, Service, Sisterly Love, and Finer Womanhood. Currently over 800 undergraduate and graduate chapters exist across the USA, Africa, Europe, Asia, and the Caribbean with a membership over 100,000.

On April 6, 2005, the national body of Zeta Phi Beta Sorority, Incorporated officially approved the charter for the Upsilon Kappa Zeta graduate chapter in Bloomington, Indiana. To continuously promote the principles of the organization, the Upsilon Kappa Zeta chapter of Zeta Phi Beta Sorority, Incorporated will provide **one (1) \$1000.00 scholarship [\$500 from Zeta Phi Beta – Upsilon Kappa Zeta Chapter and \$500 from Dollars for Scholars]** to African American or Latino high school seniors in Bloomington, Indiana who demonstrate financial need and scholarly distinction.

To be considered, an applicant:

- Must be an African American or Latino graduating senior enrolled at a high school in Bloomington, Indiana
- Must demonstrate financial need and scholarly distinction
- Must submit two (2) letters of recommendation from the following: a guidance counselor, teacher, church official, or employer
- Must submit an official high school transcript reflecting your cumulative grade point average
- Must submit a completed application on or before Monday, February 15, 2012.
- Must submit a college/university Letter of Acceptance, if possible
- Must review the "10 Tips for Completing the Application"

**ALL APPLICATIONS MUST BE COMPLETED, TYPED, AND POSTMARKED BY
Monday, February 15, 2012.**

ID #

AWARD AMOUNT

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. _____
Ms. Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

_____ ()
Date of Birth (month, day, year) Telephone Number E-Mail Address

Name of parent/guardian _____

Permanent mailing address of parent/
guardian if different from applicant

(Street) (City) (State) (Zip)
_____ ()
Telephone Number

SCHOOL DATA

High School Attended _____ Graduation Date: Month _____ Year _____

Address _____ (Street) (City) (State) (Zip) Telephone Number
_____ ()

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested: _____
4-year College/University Vo-Tech
Community College Other
Accredited? Yes No

Address _____ (City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: Live on campus Live off campus commute

Enrolled: less than half-time half-time or more full-time

Anticipated date of graduation from postsecondary program _____
(month) (year)

Major field of study applicant plans to pursue _____

DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

- African American/Black
- Asian/Pacific Islander
- Hispanic/Latino
- American Indian/Alaska Native
- White/Caucasian
- Other (Please Specify) _____

OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) _____

Appraiser's Signature _____ Date _____ Title _____ Telephone Number _____
Appraiser's Business Address (Street) _____ (City) _____ (State) _____ (Zip) _____

TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks _____ in a class of _____ Cumulative grade point average _____ /4.0 scale

SAT Critical Reading _____ Math _____ Writing _____ ACT Composite _____

School Official's Signature _____ Date _____ Title _____ Telephone Number _____
School Address (Street) _____ (City) _____ (State) _____ (Zip) _____

APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing.)

- Application
- All required signatures
- Current Transcript of Grades
- Application Deadline: _____

Return Application To:

Amber Pratcher, Scholarship Chairperson
Zeta Phi Beta Sorority, Inc. - Upsilon Kappa Zeta Graduate Chapter
P.O. Box 1044
Bloomington, IN 47402