

ZETA PHI BETA SORORITY, INCORPORATED
BETA ALPHA PI ZETA CHAPTER
2025 SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

SCHOOL INFORMATION

School:

Anticipated

GPA:

University:

City:

State:

ZIP Code:

Awards and Honors:

EXTRACURRICULAR INVOLVEMENT

Name of Organization

Years of Service

Office(s) held

PERSONAL STATEMENT: PLEASE INCLUDE ANSWERS THE FOLLOWING QUESTIONS

What do you intend to do with the funds for this scholarship?

Do you consider yourself a leader and why or why not?

What impact do you have on your local community?

What are your career goals and what character traits do you possess that will help you be successful in achieving them?

What other information would you like for the committee to consider about you?

SIGNATURE	
I waive the right to read any recommendations or other provided information. I understand that I must provide proof of acceptance AND enrollment prior to disbursement of funds.	
Signature of applicant:	Date: