

Teta Phi Beta Sorority, Inc.

Samma Omicron Seta
Chapter
2019-2020 Scholarship
Application

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Dear applicant:

Zeta Phi Beta Sorority, Inc. was founded on January 16, 1920 at Howard University in Washington, DC by five zealous collegiate women. It has since chartered hundreds of chapters worldwide and has a membership delegation of 100,000+ women. Since its inception, Zeta Phi Beta Sorority, Inc. has been an example for women to follow. The sorority takes immense pride in transforming communities we serve through volunteerism, service and philanthropy from not only sorority members, but also, members of our auxiliary groups.

Gamma Omicron Zeta Chapter has been serving the social and educational needs of Essex County since March 2, 1953. Our sorority was founded on the principles of scholarship, service, sisterhood and finer womanhood: pillars that weave through every community and capacity-building initiative we host. Particularly for young women and girls in Essex County, our commitment to their educational journeys and leadership development is crucial to the enhancement of our global society and ultimately, the future.

As a chapter, we offer our congratulations as you embark upon this very important milestone in your life. The process of selecting a post-secondary institution to further your education can be an overwhelming task, coupled with the reality of financing it. With this in mind, the members of Gamma Omicron Zeta Chapter would like to extend you an opportunity of financial support during this process.

Please find attached our Scholarship Application, along with the terms and conditions if you are selected as a recipient. Read the enclosed instructions carefully and include all necessary documents to be e-mailed or mailed with a **postmarked date no later than January 10, 2020. Late and/or incomplete applications will not be considered.** 

If you are selected to receive one of the scholarships we are offering this year, your guidance counselor will be notified either by phone or email *and* an official letter will be sent to your home address. **Please note: We will not notify applicants who are not selected.** 

If you have any questions or need additional information, please do not hesitate to contact **Jovan Cameron at jccameron@hotmail.com**. Again, congratulations and we pray for continued success in your future endeavors!

Sincerely, **Zemora Matthews**Zeta Phi Beta Sorority, Inc.

Gamma Omicron Zeta Chapter

2<sup>nd</sup> Vice President - Scholarship & Education Committee Chairperson

The Scholarship and Education Committee will review the application materials of all candidates and determine which candidates qualify for an interview. The committee will conduct interviews before final selections are made. **Please note: This is a needs-based scholarship.** 

#### **STAGE 1: APPLICATION**

These are the eligibility and application requirements:

	Applicant must be a female high school senior
	Applicant must be currently attending and graduating from a high school within Essex County,
	NJ in June 2020
	Applicant must have a minimum grade point average of 2.5 (on a 4.0 scale)
	Applicant must show demonstrated involvement in academic, athletic, service or professional
	extracurricular activities
	Two letters of recommendation
П	One (1) official copy of your transcript

#### **STAGE 2: INTERVIEW**

Applicants who meet the criteria and submit <u>complete</u> applications (supplemental items included) will be granted an interview. Interviews will occur in February 2020. All applicants will be notified by mail and/or electronic mail of the specific date, time and location.

At the interview, applicants should:

Bring an <u>updated</u> transcript reflecting grades through the current marking period
Be prepared to talk about the following

- Community Involvement (i.e. volunteerism through church, school, or community outreach programs)
- Academic activities, extracurricular activities, special interests, hobbies and work
- Leadership skills/initiative (i.e. offices held in organizations)
- Educational aspirations and career goals

NOTE: Please see the last page of this scholarship application for a checklist of required items required for the application. If any item or portion of the application is omitted, the <u>entire</u> <u>application</u> will be disqualified.





#### **PERSONAL HISTORY**

Student Name:		
Street Address:		Apt#:
City, State, Zip Code:		
Phone:	Date of Birt	h:
Student Email:		
<u>FA</u>	MILY HISTORY	
Mother/Guardian Name:		
Mother/Guardian Address:		
Occupation:		
Phone:	Email:	
Father/Guardian Name:		
Father/Guardian Address:		
Occupation:		
Phone:	Email:	
Number of <u>adults</u> (18 years or older) ir	n household:	
Number of <u>children</u> (17 years or young	er) in household:	
Number of siblings in college:		
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#### **POST-SECONDARY PLANS**

Identify the college(s) and location(s) where you have been accepted and/or where you have applied.

NAME	ADDRESS

What is your intended major? How will your intended major contribute to your short and/or long-term term career plans?



#### **ESSAY PROMPTS**

Choose <u>one</u> (1) of the following prompts and respond in **500** words in the space below. Feel free to attach a separate document. Clearly identify which prompt you have selected to answer.

- 1) What do you consider to be the most important societal problem we face today? Why?
- 2) If you had the authority to change your community/school in a positive way, what specific changes would you make? Why?
- 3) Why have you chosen to spend the next four years of your life in college and how have your academic, personal and/or extracurricular involvement prepared you for that next step?



#### **SIGNATURE PAGE**

ir an on	ter is extended, i am willi	ng to appear for a perso	onal interview, during the mont	n of February
2020. I	also understand that the	decision of the Scholars	ship & Education Committee is	final.

Signature of Applicant	Date
Printed Name of Applicant	Date
Signature of Parent/Guardian	Date
Printed Name of Parent/Guardian	Date



## VERIFICATION OF ACADEMIC PERFORMANCE/STANDING TO BE COMPLETED BY SCHOOL GUIDANCE COUNSELOR ONLY!!!

Student Name:		
Student Address:		
High School (Name and City):		
Date of Graduation:	G.P.A.:	_ as of
Class Rank: of students in a graduating of	class as of	Not Applicable
SAT Scores: Verbal Math Writ	ting	
ACT Score: English Math Rea	ading Science	Composite:
Please list any scholarships awarded to date:		
Scholarship/Award Name	9	Monetary Amount
Guidance Counselo	r Signature Required	
I certify that the above statements are accurate as of		·
	Date	
Guidance Counselor – Signature	Guidance Counselor -	- Print Name
Phone Number	Email Addres	5S



### **CHECKLIST**

Your application <u>must</u> include the following to be considered complete, and be submitted/postmarked by the deadline of **January 10, 2020:** 

Completed application (including the signature page); typed applications preferred
Two (2) wallet-sized <b>headshot</b>
Completed "Verification of Academic Performance" page 8 – signed by guidance counselor Send NO MORE THAN THE TWO (2) REQUIRED letters of recommendation – one from a school official and the other from a professional. All letters must be written on appropriate letterhead and must be current, dated and include original signatures.
An <b>official school transcript</b> must be included in your application packet, which should indicate your current G.P.A., class rank, and ACT/SAT score. <b>Home-schooled applicants must have their transcripts and ACT/SAT scores verified by an authorized school official.</b>
The required essay must be typed and answered completely.
<b>Resume</b> indicating extracurricular activities, offices held, and years of participation; your volunteer experience; honors or special recognition you have received in high school and your work experience, if any.
Be sure the application is complete and <b>emailed to jccameron@hotmail.com</b> or mailed to the address below with all enclosures <b>POSTMARKED NO LATER THAN January 10, 2020</b> .

Applications that are submitted late or incomplete will not be considered. Fill in each question as applicable and answer N/A on lines that do not pertain to you.

Zeta Phi Beta Sorority Inc.
Gamma Omicron Zeta Chapter
Attn: Scholarship & Education Committee
P.O. Box 1001
Newark, NJ 07101

\*\*\* <u>PLEASE NOTE</u>: ZETA PHI BETA SORORITY INC., GAMMA OMICRON ZETA CHAPTER RESERVES THE RIGHT TO WITHDRAW A SCHOLARSHIP AWARD IF A RECIPIENT RECEIVES A FULL SCHOLARSHIP FROM THE SCHOOL THEY ATTEND. \*\*\*

\*\*Matriculation and proof of class registration to an accredited four-year college/university will be required to receive this scholarship. Even if you have not been accepted at the time the application is due, you may still apply pending your acceptance.\*\*