

Zeta Phi Beta Sorority, Inc.

Alpha Alpha Phi Zeta Chapter

SCHOLARSHIP CRITERIA

QUALIFICATIONS: To be eligible for the scholarship, you must be a high school senior in Scotland or Richmond County Public Schools and have a 3.0 or higher GPA.

INSTRUCTIONS: Complete and submit the Scholarship Application form and all related documents by the March 31, 2020 deadline.

ESSAY: Write an essay or personal statement about why you deserve to receive this Scholarship. It is recommended to include information about your educational, career, and personal goals and financial need, if applicable. Demonstrate your talent by writing about any special interests or special circumstances that you may wish the Scholarship Committee to consider. The essay is to be typed on 8 ½" x 11" white paper using 1" inch margins all around. Use a minimum of 500 words and no more than two pages in length. Use your name and essay as the title. Triple-space after the title and double-space the body of your essay.

SUPPORT MATERIAL: Be sure to include the following: your application, three letters of recommendation, an official, sealed school transcript, the required essay, and a current professional photograph.

IMPORTANT INFORMATION:

All selected applicants will be notified by letter no later than June 1, 2020. Where possible, the Scholarship Committee will arrange to make a formal presentation at scheduled awards day ceremonies conducted by your high school. Scholarship disbursements will only be made upon official verification of applicant's acceptance and enrollment into a qualifying college or university. Scholarship payments shall be made payable and mailed directly to the student. The applicant must attend their university/college within the year they are awarded. If the applicant does not attend the intended college or university, all payments will be returned to the Alpha Alpha Phi Zeta Chapter Scholarship Fund.

I understand that by submission of this application I authorize the scholarship committee to release my name and likeness to the sponsors, newspapers and sorority website for publicity.

Signature

Date

Return your Application & Supporting Documents to:

Zeta Phi Beta Sorority, Inc.
Alpha Alpha Phi Zeta Scholarship Committee
P.O. Box 54 ~ Laurinburg, NC 28353

For more information contact:

Chaka Shipp, Scholarship Chairperson
(910) 551-1882 ~ zetasoflaurinburg@gmail.com

Zeta Phi Beta Sorority, Inc.
Alpha Alpha Phi Zeta Chapter

Application Deadline: March 31, 2020

SCHOLARSHIP APPLICATION

Name: _____ Date of Birth (mm/dd/yyyy): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Current High School: _____

Date of High School Graduation: _____ Cumulative Grade Point Average: _____

Extra-curricular activities (clubs, teams, etc.): _____

List all community service projects/events in which you are currently involved or have participated in: _____

List three individuals who will be writing letters of reference on your behalf:

- (1) _____
(2) _____
(3) _____

I understand that the above information is voluntary and will be used only for scholarship award eligibility. I understand that if I am awarded this scholarship, it is to be used towards my college tuition and in the event that I make the decision not to attend college, the scholarship will not be awarded.

Applicant Signature: _____ Date: _____

For Committee Use Only:

Received by: _____ Date: _____

Checklist:

___ Application ___ Essay ___ Reference #1 ___ Reference #2 ___ Reference #3 ___ Transcripts

Screened On: _____ Meets Criteria? _____ If no, explain: _____

Result: _____ Committee Chair, Name: _____

Zeta Phi Beta Sorority, Inc.
Alpha Alpha Phi Zeta Chapter

SCHOLARSHIP ESSAY/PERSONAL STATEMENT

You may use the following outline as a “model” for the completion of your essay. The essay is to use a 1” margin all around. You may type a maximum of two pages, double-spaced, only (minimum of 500 words). Try to be as thorough as possible when you writing and feel free to use any essay format you feel comfortable with. Please attach this page.

Name: _____

Educational Goal:

My educational goal is to be the first member of my family to obtain a degree...

Career Goal:

My ambition is to obtain a satisfying, rewarding career which will support me and my family...

Personal Goals:

I plan to be a positive role model within my community...

Special Interest:

I volunteer once a week to feed the homeless. I also volunteer once a month at a half-way house...

Financial Need:

I need financial assistance to pursue my educational goals...

Leadership Experience:

My leadership experience includes...

High School Involvement:

I have participated in the following events and/or program my high school...

Zeta Phi Beta Sorority, Inc.
Alpha Alpha Phi Zeta Chapter

LETTER OF RECOMMENDATION GUIDELINES

Applicant's full name (type or print): _____

Instructions to Evaluator:

The applicant named above is applying for the Alpha Alpha Phi Zeta Annual High School Scholarship. The Scholarship Committee requests your candid, written evaluation of the applicant's qualifications. The review committee is depending upon your thoughtful observations and in particular those relevant to applicant's academic/volunteer record and outstanding strengths or characteristics.

The applicant will benefit most from a specific and illustrative evaluation rather than a general assessment. Your evaluation should discuss the applicant's strengths and, as appropriate, provide insight into any areas where growth is needed.

It is preferred that the letter be written on the letterhead of your professional affiliation (if applicable). Recommendation letters must be current.

Please complete the information below and return this form and your signed letter of recommendation to the applicant in a sealed envelope. Please sign your name across the seal of the envelope. Your evaluation will be confidential, intended for use only by the Alpha Alpha Phi Zeta Chapter of Zeta Phi Beta Sorority, Inc. and the Alpha Alpha Phi Zeta Scholarship Committee. Your evaluation will not be released to the applicant. All application materials must be submitted by the applicant for receipt on or before the March 31, 2020 deadline.

The Alpha Alpha Phi Zeta Scholarship Committee thanks you for your assistance. If you have any questions or concerns related to completion of the recommendation letter, please e-mail our Scholarship Committee Chairperson, Chaka Shipp, at zetasoflaurinburg@gmail.com

Evaluator's Name (please type or print): _____

Professional Title or Capacity in which you know the applicant: _____

Affiliation (if applicable): _____

How long have you known the applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Alpha Alpha Phi Zeta Chapter

P.O. Box 54
Laurinburg, NC 28352

SCHOLARSHIP CHECKLIST

- ☐ Scholarship Application
- ☐ Official High School Transcript with raised seal
- ☐ Three letters of recommendations
- ☐ A current photo
- ☐ Scholarship Essay / Personal Statement that includes:
 - ☐ 500 word minimum
 - ☐ 1-inch margin all around
 - ☐ No less than 1 page double-spaced, Times New Roman, 12 pt. font,
1-inch margin all around
- ☐ Scholarship Claim Form
- ☐ Proof of Admission Letter

Zeta Phi Beta Sorority, Inc.

Alpha Alpha Phi Zeta Chapter

P.O. Box 54
Laurinburg, NC 28352

SCHOLARSHIP APPLICATION

(Please Print or Type)

Name _____
First _____ Last _____
Address _____ Phone (Day) _____
City _____ State _____ Zip _____ Phone (Eve) _____
Date of Birth _____ E-mail address _____
Current High School _____ Date of High School Graduation _____
Cumulative Grade Point Average _____

Extra-curricular activities (clubs, teams, etc.) _____

List all community service projects/events in which you are currently involved or have participated in:

Name three people who will be writing letters of reference on your behalf:

#1 _____ #2 _____ #3 _____

I understand that the above information is voluntary and will be used only for scholarship award eligibility. I understand that if I am awarded this scholarship, it is to be used towards my college tuition and in the event that I make the decision not to attend college, the scholarship will not be awarded.

Applicant Signature: _____ Date: _____

Application Deadline: April 30, 2019

Zeta Phi Beta Sorority, Inc.
Alpha Alpha Phi Zeta Chapter
P.O. Box 54

SCHOLARSHIP ESSAY/PERSONAL STATEMENT

You may use the following outline as a "model" for the completion of your essay. Try to be as thorough as possible as when you write your essay. Use a 1" margin all around. Feel free to use any essay format you feel comfortable with. An essay workshop will be made available for your participation. You may type a maximum of two pages, double-spaced, only. Please attach this page.

First Name:

Last Name:

Educational Goal:

My goal is to be the first member of my family to obtain a degree...

Career Goal:

My ambition is to obtain a satisfying, rewarding career which will support me and my family...

Personal Goals:

I plan on being a positive role model within my community...

Special Interest:

I volunteer once a week to feed the homeless. I also help once a month at a half-way house...

Financial Need:

I need financial assistance to pursue my educational goals...

Leadership Experience:

My leadership experience...

High School Involvement:

I have participated in the following events and/or program in my high school...

Zeta Phi Beta Sorority, Inc.
Alpha Alpha Phi Zeta Chapter
P.O. Box 54
Laurinburg, NC 28352

LETTER OF RECOMMENDATION GUIDELINES

Applicant's full name (Type or print): _____

Instructions to Evaluator:

The person named above is applying for the Alpha Alpha Phi Zeta Annual High School Scholarship. The Scholarship Committee requests your candid, written evaluation of the applicant's qualifications. Since you know the candidate, the review committee is depending upon your thoughtful observations, especially relevant to applicant's academic/volunteer record and outstanding strengths or characteristics.

The applicant will benefit most from a specific and illustrative evaluation rather than a general assessment. Your evaluation should discuss the applicant's strengths and, as appropriate, provide insight into any areas where growth is needed.

It is preferred that the letter be written on the letterhead of your professional affiliation (if applicable). Recommendation letters must be current.

Please complete the information below and return this form and your signed letter of recommendation to the applicant in a sealed envelope. Please sign your name across the seal of the envelope. Your evaluation will be confidential, intended for use only by the Alpha Alpha Phi Zeta Chapter of Zeta Phi Beta Sorority, Inc. and the Alpha Alpha Phi Zeta Scholarship Committee. Your evaluation will not be released to the applicant. All application materials must be submitted by the applicant for receipt on or before the April 30, 2019 deadline.

The Alpha Alpha Phi Zeta Scholarship Committee thanks you for your assistance. If you have any questions or concerns related to completion of the recommendation letter, please e-mail the Committee Chairperson at: zetasoflaurinburg@gmail.com

Evaluator's Name (Please type or print): _____

Professional Title or Capacity in which you are familiar with applicant: _____

Affiliation (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

How long have you known the applicant? _____

Zeta Phi Beta Sorority, Inc.
Alpha Alpha Phi Zeta Chapter
P.O. Box 54
Laurinburg, NC 28352

PROOF OF ADMISSION LETTER

The following is a sample letter that should be submitted from your college/university registrar. Feel free to edit this example to include your personal information requested. Please note that this letter should be typed on your college/university letterhead, signed, and stamped by an employee of the campus registrar's office.

Date

To The Alpha Alpha Phi Zeta Chapter of Zeta Phi Beta, Inc.,

This letter confirms the admission of _____ (applicant's full name) to _____ (university/college name), located in _____ (city and state). This student plans to enroll for the 2019-2020 academic year. The student's intended major is _____. To complete most majors, students must earn a minimum of _____ hours of academic credit.

The current estimated cost of attendance for tuition, room and board for the 2019-2020 academic year is \$_____ for NC residents and \$_____ for non-North Carolina residents.

Questions related to billing or other payment concerns may be directed to _____ (person's name, address, phone number).

Sincerely,

Signature

Name

Professional Title

Zeta Phi Beta Sorority, Inc.
Alpha Alpha Phi Zeta Chapter
P.O. Box 54
Laurinburg, NC 28352

SCHOLARSHIP CRITERIA

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INSTRUCTIONS: Complete and submit the Scholarship Application form and all related documents by the deadline.

THE ESSAY: Write an essay or personal statement about why you deserve to receive this scholarship. Indicate your objectives. You may want to include information about your educational, career, and personal goals and financial need, if applicable. Demonstrate your talent by writing about any special interests or special circumstances that you may wish the selection committee to consider.

ESSAY FORMAT: Use 8 ½" x 11" white paper; type or use a computer. Limit the essay to one or two pages. Use your NAME and ESSAY as the title. **Triple-space** after the title and **Double-space** the body of your essay using a 1" margin all around.

SUPPORT MATERIAL: Be sure to include the following with your application: three letters of recommendation, an official sealed school transcript, the required essay or personal statement, a proof of admission letter and a current photograph.

IMPORTANT INFORMATION

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I understand that by submission of this application, I authorize the scholarship committee to release my name and likeness to the sponsors, newspapers and sorority website for publicity.

Signature

Date

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Alpha Alpha Phi Zeta Scholarship Committee
Zeta Phi Beta Sorority, Inc.
P.O. Box 54
Laurinburg, NC 28352

Application Deadline: April 30, 2019

For more information, contact:
Patricia McCormick, Scholarship Chairperson
(910) 578-1597
Zetasoflaurinburg@gmail.com