

Zeta Phi Beta Sorority, Inc.
BETA OMICRON ZETA CHAPTER
(Detroit Graduate Chapter)



SCHOLARSHIP APPLICATION INSTRUCTIONS

(ALL INFORMATION WILL REMAIN CONFIDENTIAL)

1. Application **MUST** be completed by the applicant.
2. Please type or print clearly.
3. The following **MUST** be attached to the application:
 - A. **Official** transcript of courses completed (high school or college).
 - B. An autobiographical statement, including education background, financial need, participation with church auxiliaries/ministries other organizational memberships, and any pertinent information about you. Please note any extenuating circumstances, which may be important for consideration of your application.
 - C. Three reference letters (two written by school counselor, instructor, or supervisor and one from a Zeta Phi Beta Affiliate Advisor if you are a Zeta applying for the UG scholarship).
4. Send completed application with attachments **POST MARKED BY January 31, 2021** to:
Ms. Janika R. Ashwood, Scholarship Chairperson
Zeta Phi Beta Sorority, Inc.
Beta Omicron Zeta Chapter
P.O. Box 351462
Detroit, Michigan 48235
5. Upon receipt of a completed application package, the applicant will be contacted for an interview with the Scholarship Committee. If the application package is not fully completed, it will not be considered. A completed application package must include the following:
 - Neatly completed application
 - Official transcript
 - An autobiographical statement
 - Three (3) reference letters, one from a Zeta Affiliate Advisor if you are a Zeta

If you have any questions or concerns regarding the application process, please email Ms. Janika Ashwood at ashwoodjanika@yahoo.com Thank you for your interest!

*****Please note, scholarships are for young women graduating from high school or current undergraduate members of Zeta Phi Beta Sorority, Inc.*****

Zeta Phi Beta Sorority, Inc.
BETA OMICRON ZETA CHAPTER
(Detroit Graduate Chapter)



SCHOLARSHIP APPLICATION
(ALL INFORMATION WILL REMAIN CONFIDENTIAL)

Applicant's name: _____

Permanent address: _____

City, State, Zip: _____

Telephone number(s): Home: _____ Cell: _____

Email: _____ Date of Birth: _____ Age: _____

What year did you join Zeta Phi Beta Sorority/Archonette Club? (If applicable): _____

EDUCATIONAL INSTITUTION APPLICANT IS NOW ATTENDING

Institution name: _____

City, State, Zip: _____

Major/type of training: _____ Grade Point Average (GPA): _____

**EDUCATIONAL INSTITUTION TO WHICH ENROLLMENT HAS BEEN ACCEPTED
(OR CURRENTLY ATTENDING)**

Institution's name: _____

City, State, Zip: _____ Course of study (major/minor): _____

Degree/Certification sought: _____ Expected completion date: _____

Academic classification (check one):

College Freshman College Senior College Sophomore
 College Junior High School Senior Other (Specify): _____

Applicant's Signature: _____ Date: _____

Parent's Signature (Legal Guardian): _____ Date: _____
(If applicant a minor)

COMPLETED APPLICATION PACKAGE MUST BE POST MARKED BY: January 31, 2021

*****Please note, scholarships are for young women graduating from high school or current undergraduate members of Zeta Phi Beta Sorority, Inc.*****