Zeta Phi Beta Sorority, Incorporated Epsilon Eta Zeta Chapter Columbus, Georgia



Dear Applicant,

Zeta Phi Beta Sorority, Inc. Epsilon Eta Zeta Chapter is excited that you have decided to apply. One of our four founding principles is Scholarship. We believe in setting and maintaining the highest standards regarding education.

In our efforts to cultivate and highlight the achievements of the youth in our community. It is our honor to award scholarships to selected students who will attend an accredited college or university after graduating. Please carefully read over the guidelines regarding the application. Complete an application in its entirety, including mailing of transcripts, recommendation letters and all required documents.

Applicants must possess a minimum GPA of 2.75 on a 4.0 scale. You must also be accepted into a two- or four-year college or university and a copy of the acceptance letter must be attached. **The completed application and required attachments must be submitted by April 16, 2021**.

Accompanying this letter is the scholarship application. The completed application and supporting documents should be mailed to:

Epsilon Eta Zeta Scholarship Committee P.O. Box 6461 Columbus, GA 31907

Please send inquires and questions to the email listed <u>epsilonetazeta54@gmail.com</u>.

Sincerely,

Zeta Phi Beta Sorority, Inc. Epsilon Eta Zeta Scholarship Committee

Personal Information				
Full Name	Last	First		Middle
Address	No. & Street	City	State	Zip
Phone Numbe	r	·	State	Σιμ
Date of Birth	Age			
Email				
Parent(s) or G	uardian Name			
Relationship				
Education				
Current High	School			
College or Un	iversity You Plan to	Attend:		
High School C	Grade Point Average:	/ 4.0 Your GPA		
High School Class Rank: out of				
Responses mail1.Descriptionspecial2.State to chosen3.Please	ust be typed. be (in detail) your inv l recognition(s) you h he area of interest you n this area as a college	a plan to pursue in col major and how you h s of recommendation	ool/community/ lege. Explain (nope to apply it	(church. Include any in detail) why you have after graduation.

Counselor's Signature_____Date_____

Academic Scholarship Application

Application Checklist Required Documents

- □ Application form on page 2□ Copy of college or university acceptance letter
- □ Typed responses to essay questions
- \Box Two letters of recommendation from teachers or counselor
- \Box A senior photograph
- □ Transcript