**Zeta Phi Beta Sorority, Incorporated - Phi Omicron Zeta Chapter**

**Scholarship Application**

**P.O. Box 2253**

**Covington, Georgia 30015**

**Newton**​ **/ Rockdale Counties Scholarship:** ​Nonrenewable scholarships of​**$1,000.00**​ areawarded based on merit, financial need, and available funding to graduating high school seniors enrolled in Newton and Rockdale Counties High Schools.

The following questions are designed to collect information about your background, interests, and your college and career plans. Your answers to these questions will be used only in connection with your application for this scholarship competition and will be seen only by the Selection Committee and other qualified persons working with the Scholarship Committee.

**VERY IMPORTANT:** ​The completeness, neatness, and legibility of your replies will make the review ofyour credentials easier. ​**Please type, if possible, or print, using black ink.**

1. ​**You –The Candidate**

​Legal name in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First M.I. Permanent home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street City State Zip Code

Home Telephone:(\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_

Month Day Year

1. ​**Your Education**
   1. Enter the name, telephone number, and address of your high school.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street City State Zip Code

1. Enter your expected or actual date of graduation from high school. \_\_\_\_\_\_\_\_\_\_\_\_

Month/Year

1. Enter the name and address of the college or university you are planning to attend.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Planned College Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ​**Your School Activities**

List school activities in which you have participated within the last four years (such as publications, debating, music, art, student government, organized sports, etc.). Include any honorary awards,such as membership in the National Honor Society. Attach a separate document listing these activities, if needed.

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1. ​**Your Community, and work activities**

List all community and work activities participated within the last four years. Attach a separate document listing these activities, if needed.

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List community activities in which you have participated as a volunteer within the last four years. Attach a separate document listing these activities, if needed.

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List jobs (including summer employment) you have held within the past four years. Attach a separate document listing these activities, if needed.

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1. **Your Family**
   1. Enter complete information about your parents or guardians below.

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Education Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Education Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If you do not live with both parents, enter the name of the parent or guardian with whom you live. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Brothers (s): Number\_\_\_ Age (s)\_\_\_\_ Sister (s): Number\_\_\_\_, Age (s)\_\_\_

1. **Write a 250-word essay on:** ​Describing how upon graduation from college you plan to contribute toyour community. ​​ (Attach to application)
2. **Requirements for all applicants:**
3. Complete and sign the scholarship application form.
4. Be a law-abiding citizen. Shall not have committed or been a part of any criminal activity.
5. Currently enrolled in a Rockdale or Newton County high school and accepted and planning to enroll in a full-time program of studies at an accredited college or university.
6. Write a **250**-word essay describing how upon graduation from college you plan to contribute to your community. Your essay should be typed, double-spaced on standard-sized paper (8.5" x 11") with 1" margins on all sides. You should use a clear font that is highly readable. We recommend using 12 pt. Times New Roman font.
7. Submit two letters of recommendation in separate and sealed envelopes from someone who can provide insight into the applicants’ work as a student and as to the personal character, potential, and motivation. The first letter must be from a teacher or counsel at the applicant’s school and should refer to the applicant’s ability to successfully complete a college program of study. The second letter should be a personal recommendation from a volunteer, employer, employee, or a clergy.
8. Submit an official transcript of your grades in a sealed envelope. The transcript must show all test results taken i.e. ​**SAT** ​and/or ​**ACT**​ scores. If you do not have SAT/ACT scores, you will not be penalized.
9. Submit a copy of the applicant’s acceptance letter for admission to an accredited college or university.

All documents must be submitted and postmark by **February 28, 2024**

**Zeta Phi Beta Sorority, Inc.**

**Phi Omicron Zeta Chapter**

**Scholarship Information**

**P.O. Box 2253**

**Covington, Georgia 30015**

If you have any questions prior to submitting your application materials, please contact phiomicronzetascholarship@gmail.com.

**Signature of Applicant:** ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ​**Date:** ​\_\_\_\_\_\_\_\_\_\_\_\_

Your signature attests to the accuracy of this application and gives permission to Zeta Phi Beta Sorority, Inc. Phi Omicron Zeta Chapter to share any of or all the information/data you have provided in support of this application with members of the scholarship selection committee.