

ZETA PHI BETA SORORITY, INCORPORATED Alpha Eta Zeta-DOVE Foundation, Inc.

P.O. Box 301407 Memphis, TN 38130-1407 ahzdovefoundationinfo@gmail.com Educational Scholarship



Dear Applicant,

Alpha Eta Zeta-DOVE Foundation, Inc. is seeking college bound, serious minded graduating high school young ladies and undergraduate college women for scholarship award(s) for the 2020 -2021 school year.

The purpose of the scholarship is to assist graduating high school young ladies and undergraduate college women in obtaining a college education and to promote Zeta Phi Beta Sorority, Incorporated's scholarship principles.

High school applicants must have a minimum G.P.A. of a 3.0 and college applicants must have a minimum G.P.A. of a 2.5 on a 4.0 scale. In addition, the applicant must be accepted at a college or university granting a four-year degree. The recipient must provide proof of acceptance before funds will be dispensed.

Accompanying this letter is the scholarship application. All applications must be **received by March 6, 2021.** Please mail to the following address:

ZETA PHI BETA SORORITY, INCORPORATED Alpha Eta Zeta-DOVE Foundation, Inc.c/o Scholarship Committee
P.O. Box 301407
Memphis, TN 38130-1407

Electronic applications will not be accepted. Please contact ahzdovefoundationinfo@gmail.com, if you have questions, "SUBJECT: Scholarship Questions."

Sincerely,

Sherita J Coleman

Scholarship Committee Chair



ZETA PHI BETA SORORITY, INCORPORATED Alpha Eta Zeta-DOVE Foundation, Inc.

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SCHOLARSHIP APPLICATION FORM

(High school female seniors attending a Shelby County public, private, or charter school and undergraduate college female students with full –time enrollment status in Shelby County may apply) (Type or Print Legible)

(First)	(Middle)	(L	ast)	
Home Address (Number a	and Street)			
	State		Zip Code _	
Contact Number ()		E-mail		
Date of Birth		Current Age		
Are you an active memb	er of the AHZ Archo	onette Club? Yes	No	
High School/College Curre	ently Attending			
Telephone ()				
Address				
Counselor (High School O				
Mother/Guardian	Fa	Father/Guardian		
Occupation	Occ	Occupation		
(School and College-aged only)				
Sisters: Number	Ages Bi	others: Number	Ages	
Siblings Attending College	(List Sibling Name	Collogo Namo, and C	loggification	
Siblings Attending College	e (List Sibling Name,	Conlege Name, and C	lassification	

Company	Job Title	PT/FT	Dates
2			
FINANCIAL AID A	AWARDS		
List sources and amour	nts of other financial aid you	will receive (Grants/Fello	owships/Scholarships, etc.)
a			
COLLEGIATE EN	DEAVORS		
	r acceptance letter with this	application (if high sel	nool senior)
	plan to attend or currently at		ŕ
	k them in order of preference		
1	<u>.</u>		
3			
4			
or community leader (i your character and fina *References should be	nancially active member of .e. pastor, employer, coach, n	nentor), to write a letter of the signed on the back be	of recommendation about

TRANSCRIPT

Submit a copy of your most current (i.e. Final Fall 2020) official transcript (high school/college) sealed in an envelope with your application.

Official electronic transcripts may be accepted only from the college/university or high school counselor. Please send to ahzdovefoundationinfo@gmail.com, "SUBJECT: (Applicants Name) Transcript."

PERSONAL ESSAY

Provide an essay stating why you should be awarded this scholarship and the reason financial assistance is needed. The essay must be 300 - 500 words, Times New Roman, Size 12 font, double spaced. The essay should stress your personal character, financial need, community involvement, and leadership skills.

SPECIAL GUIDELINES

- All high school applicants must have at least a 3.0 GPA and attend school in the Shelby County area.
- All undergraduate college student applicants must have at least a 2.5 GPA.
- A written notice of award will be sent to the recipient and/ or the high school counselor by April 15, 2021.
- Scholarship recipients will be publically recognized at a program in June.
- All awards will be rendered in the name of the recipient.
- Recipient must submit their name and student ID number with a confirmation of class schedule to the Alpha Eta Zeta-DOVE Foundation Treasurer by August 31, 2021 in order to receive the award.
- Submit a wallet-sized, head shot picture. We will accept scanned or copies of photo.

CERTIFICATION

I certify that all statements and information included on this application and in the supplemental materials are true to the best of my knowledge.

Signature of Applicant	Date
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DEADLINE: Application must be received by March 6, 2021.

* Please return the completed application along with all supplemental materials to:

ZETA PHI BETA SORORITY, INCORPORATED

Alpha Eta Zeta-DOVE Foundation, Inc.

c/o Scholarship Committee P.O. Box 301407 Memphis, TN 38130-1407

(Wallet sized/ senior head/ or profile shot)

Photos will not be returned.