

Zeta Phi Beta Sorority, Incorporated
Delta Sigma Zeta Chapter
Five Pearls of Scholarship Application



All completed application packets must be postmarked by Friday, April 30, 2021

To apply for a scholarship from Zeta Phi Beta Sorority, Incorporated, Delta Sigma Zeta Chapter, you must be a graduating female senior of Alachua County schools. Please submit the following documents by the deadline:

- A completed 2021 Zeta Phi Beta Sorority **SCHOLARSHIP APPLICATION**
- A sealed high school **TRANSCRIPT** and **PASSING FSA (Concordant) SCORES** must be verifiable
- Ensure that ACT/SAT scores are visible on a high school transcript
- Proof of admission to TWO colleges or universities (Copies of **Letters of Admission**)
- Two 500-word typed essays,
 - (1) How do you plan to change your community once you obtain your college degree?
 - (2) Choose **one** of the following
 - How do you exemplify either value of service or scholarship?
 - How have you shown resilience over the past year?
 - Describe a time when you overcame adversity and what that experience taught you.
- A typed **RESUME** – Be sure to include details regarding the following:
 - (A) Volunteer hours /community service – Please include the places, dates, and a description of your service
 - (B) Honors and awards – Both academic and civic
- **TWO LETTERS OF RECOMMENDATION**; one academic letter describing your scholastic abilities & one community based recommendation describing your leadership abilities.

Mail completed applications to:

Zeta Phi Beta Sorority, Inc.
Scholarship Chairwoman
P. O. Box 5806
Gainesville, FL 32627

Direct inquiries to: The Scholarship Committee at dszscholarship@gmail.com
The Scholarship Committee may request an interview with applicants

APPLICATIONS THAT DO NOT INCLUDE ALL OF THE ABOVE DOCUMENTS WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE REVIEWED FOR A SCHOLARSHIP.

(Side I)

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Applicant's Name _____ Telephone Number: _____

Full Mailing Address: _____

Birth Date: _____ High School: _____ Guidance Counselor

Name: _____ Unweighted G.P.A. : _____ Weighted G.P.A. _____ E-Mail: _____

Applicant's Mother's Name: _____

Email: _____ Phone Number: _____ Occupation: _____

Applicant's Father's Name: _____

Email: _____ Phone Number: _____ Occupation: _____

Number of siblings living in the household: _____

Names: _____ Ages: _____ Names: _____ Ages: _____

Have you or any member of your immediate family ever been involved in Zeta Phi Beta Sorority, Incorporated or one of its affiliates? If yes, please list the name(s) and the affiliate organization(s):

Please list the names of the college acceptance letters that you have included in this application:

Are you a Bright Futures candidate? Circle one: Yes No Comment: _____

What is your planned major of study? _____

Any additional comments you would like to share for the committee to consider?

By signing below, you certify that you have abided by the scholarship instructions and that all answers are accurate.

Signature

Date