

**EDUCATIONAL & CHARITABLE FOUNDATION**  
**ETA PHI BETA SORORITY, INCORPORATED,** ALPHA GAMMA CHAPTER



**SCHOLARSHIP APPLICATION**

(Please type when completing this application)

**PART I - PERSONAL DATA**

**NAME** \_\_\_\_\_

Last First Middle

**PERMANENT ADDRESS**

Street Number City State Zip

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**BIRTHDATE** (Month, Date, Year) \_\_\_\_\_

**NAME OF PARENTS/GUARDIAN**

Father/Guardian

Phone

Mother/Guardian

Phone

**PART II - EDUCATIONAL DATA**

**High School/College/University Attended:**

Name

Location

Year in  
Attendance

Graduation Date

**Honors:** \_\_\_\_\_

**School Organizations and Offices Held:**

**Special Talents:** \_\_\_\_\_

Name and Address of School You Plan to Attend or Currently Attend:

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**PART III - COMMUNITY SERVICE**

List all organizations not connected with the school  
to which you belong or have belonged:

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List offices held in these organizations:

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Charitable & Educational Foundation  
Eta Phi Beta Sorority, Incorporated,

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**PART IV - WORK EXPERIENCE**

List any school and/or work  
experience  
List job title and semesters worked

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List any work experience outside of school

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**PART V - REQUIREMENTS**

Submit the following:

- A. Official copy of High School or College transcript verifying an unweighted GPA of 2.5 or higher.
- B. Two (2) letters of recommendation; one must be from school personnel from your high school/college or department head or advisor. The other reference may be from a civic leader, minister, professional person, or employer (list name, address, and occupation below).

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Name	Email Address	Phone

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Name	Email Address	Phone

- C. A 3x5 inch photo to be used in Sorority publications.
- D. A typewritten paragraph (200-250 words) regarding future educational goals and objectives and how this scholarship will help to attain those goals.

Chapter \_\_\_\_\_ Date \_\_\_\_\_  
President \_\_\_\_\_

Chapter \_\_\_\_\_ Region \_\_\_\_\_

The information that I have given on this application is true. I have submitted all required transcripts, photo, and written statements. I agree to submit any other necessary information required. I will abide by the decision of the \_\_\_\_\_ of Eta Phi Beta Sorority, Incorporated.

Disclaimer: If the scholarship funds are awarded and the recipient does not attend school for any reason, we reserve the right to request the return of all scholarship funds to the \_\_\_\_\_ of Eta Phi Beta Sorority, Incorporated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date