

A

*Zeta Phi Beta Sorority, Incorporated*  
*Sigma Nu Zeta Chapter*

P. O. Box 2323, Grand Central Station, New York, New York 10163  
646-535-3683 • [www.zphibsnz.org](http://www.zphibsnz.org) • [scholarship@zphibsnz.org](mailto:scholarship@zphibsnz.org)

**Scholarship Application**  
**2015-2016**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Cellular) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

High School: \_\_\_\_\_

Grade \_\_\_\_\_ What is your current GPA? \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Distinctions, Honors, Awards (academic/civic/government) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the scholarship? \_\_\_\_\_

\_\_\_\_\_

**Recommendations:** Below, please provide the names, titles/positions of the persons you have requested to submit personal recommendations on your behalf.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

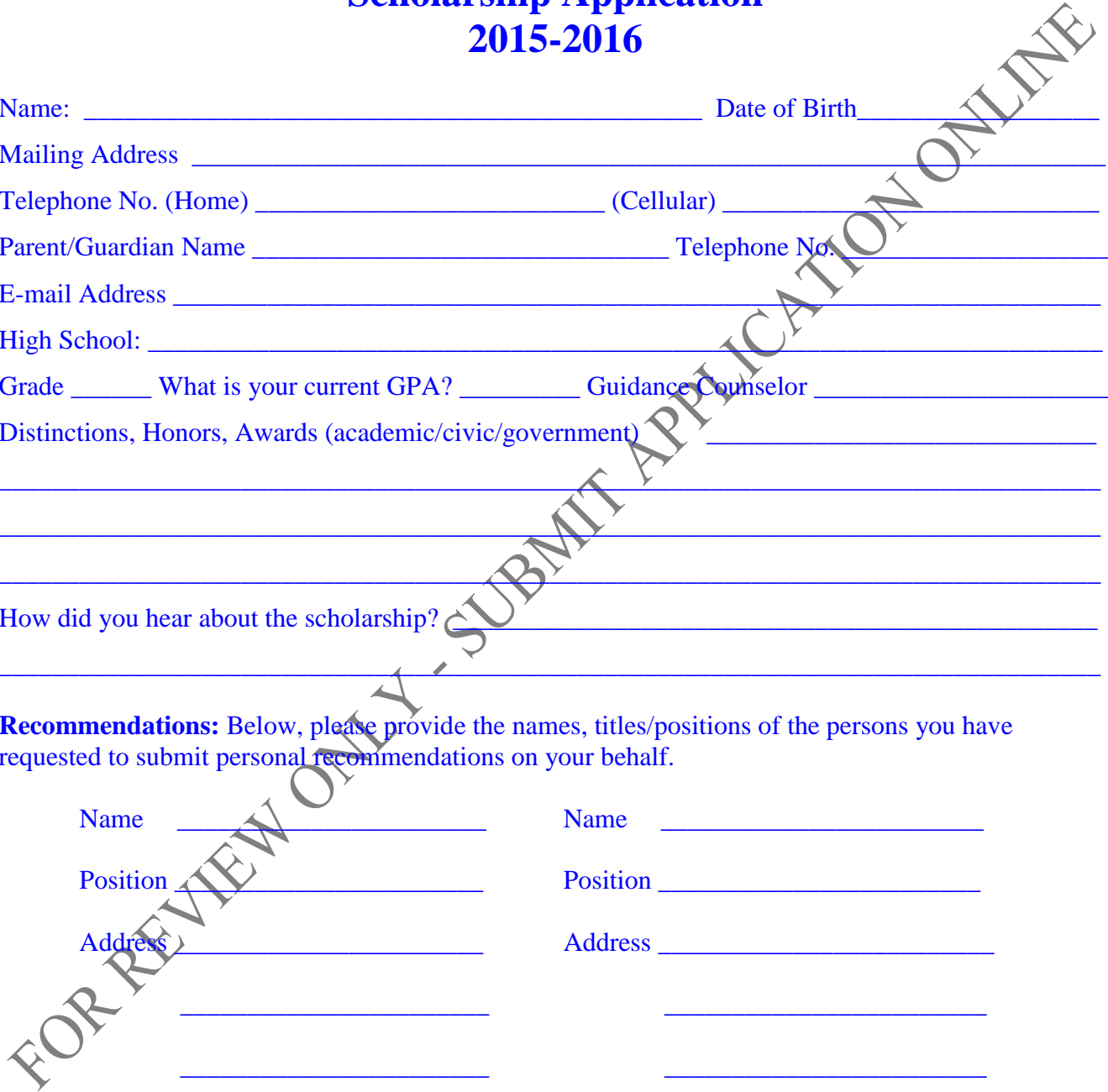
\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

***Reminder to the scholarship applicant:***

*Your scholarship application must be submitted using the online application that can be found at [www.fivepearlsfoundation.org](http://www.fivepearlsfoundation.org), under the Scholarship drop-down menu. Please remember to submit all application materials, including recommendations, online. This scholarship document is for review purposes only.*



# B

## Volunteer Experience (List most current experience first)

Title \_\_\_\_\_ Dates \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_ Dates \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Total years of volunteer experience: Years \_\_\_\_\_ Months \_\_\_\_\_

List student clubs, organizations, and any extracurricular activities you are involved in.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

*By signing below, I affirm that the information provided by me in this application is truthful and accurate. I understand that if I provide any misleading information for this application, my award may be forfeited if I am declared a recipient.*

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# C

## Essay Questions

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

The scholarship committee seeks to know what has influenced the development of your personality and values. Please answer the following questions with these parameters in mind:

- Each response should ***not*** exceed 500 words.
- Your response must be typewritten and double-spaced to ensure readability.

Please complete the top portion of this form and attach it to your typed responses to the questions below.

### ESSAY QUESTION #1

What contributions would you like to make to society? How do you feel a college education will help you achieve your goals?

### ESSAY QUESTION #2

What have you done outside of the classroom that demonstrates qualities universities seek? Of these qualities which one means the most to you?

FOR REVIEW ONLY - SUBMIT APPLICATION ONLINE

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SIGMA NU ZETA CHAPTER  
Scholarship Committee  
P. O. Box 2323  
Grand Central Station  
New York, New York 10163  
www.zphibsnz.org

## Recommendation Form

**TO THE APPLICANT:** Complete this section. Please print or type. Once you have completed this section, please give this form to the person you have asked to recommend you.

**Applicant's Name:** \_\_\_\_\_  
Last First MI

**Recommender's Name:** \_\_\_\_\_ **Title/Position** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by checking the box and signing and dating the statement below. Should you decide not to waive the right, you will have access to the recommendation if you are accepted for the scholarship award sponsored by the SIGMA NU ZETA CHAPTER.

I hereby waive my right of access to this recommendation:

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**TO THE PERSON WRITING THIS RECOMMENDATION:** SIGMA NU ZETA CHAPTER seeks to assist and encourage young Black and Latino women who are community conscious and committed to their academic success. The student chosen will receive a scholarship award towards her academic pursuits.

As SIGMA NU ZETA CHAPTER is interested in funding individuals with promise and integrity please be as detailed as possible frankly stating the candidate's strengths and weaknesses.

How long have you known the applicant and in what capacity?

\_\_\_\_\_

May we contact you if we have any additional questions? Y \_\_\_\_\_ N \_\_\_\_\_

Recommender's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please rate the applicant in the following categories:

	Exceptional	Good	Fair	Unable to Judge
Leadership Skills	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____

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