

A

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

PO Box 5550, New York, New York 10027, info@fivepearlsfoundation.org

Scholarship Application

Name Miss _____ 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? _____

Have you applied for other scholarships? Yes ___ No ___ If yes, please list all scholarships.

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

Name _____

Name _____

Position _____

Position _____

Address _____

Address _____

Phone _____

Phone _____

Reminder to applicant:

Do not submit - Apply Online

Your application for admission will not be considered complete until all application materials have been received.

Do not submit - Apply online

B

Zeta Phi Beta Sorority, Incorporated Sigma Nu Zeta Chapter Scholarship Application

Volunteer Experience

(List most current 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 state 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 determined a recipient.

Name (Print) _____ Signature _____ Date _____

C

Zeta Phi Beta Sorority, Incorporated
Sigma Nu Zeta Chapter
Scholarship Application

AUTOBIOGRAPHICAL STATEMENT

Applicant Name _____

Address _____

Telephone _____

The screening committee seeks to know what has influenced the development of your personality and values. Describe any social, historical, or political events that are of importance to you and how they have inspired you. Finally, conclude with a statement of the goals that you intend to achieve.

Statements should not exceed 500 words, and must be typewritten and double-spaced to insure readability. Please attach this form to your statement.

Do not submit - Apply Online

**THE FIVE PEARLS
FOUNDATION
Scholarship Committee
2042 Madison Avenue; Suite #1
New York, New York 10035
info@fivepearlsfoundation.org**

RECOMMENDATION FORM

TO THE APPLICANT: Complete this section. Please print or type. 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: The eligibility procedure for this scholarship award requires applicants to submit individual letters of recommendation. SIGMA NU ZETA CHAPTER seeks to assist and encourage young African-American, 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.

We would appreciate your writing as fully as you can concerning the candidate, frankly stating strengths and weaknesses. We are interested in funding individuals with promise and integrity.

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	_____	_____	_____	_____

Please attach this form to your letter of recommendation and mail recommendation forms directly to the above address. Thank you.

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