

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



DOROTHEA B. WALKER LEGACY SCHOLARSHIP APPLICATION

(Please type when completing)

Name _____
First Name Middle Name Last Name

Home Address _____

Home Phone number _____ Cell Phone _____

Mailing Address _____

Date of Birth _____ Email _____

Parent Information

Mother/Guardian Name _____

Phone Number _____

Father/Guardian Name _____

Phone Number _____

School currently enrolled in: _____

Address _____ Phone number _____
City State Zip Code

University/College Information

University/College _____ Address _____

Admission Date _____ Unweighted GPA _____

Expected Graduation Date _____

NOTE: APPLICATION NOT VALID UNLESS SIGNED BY CHAPTER PRESIDENT.

I certify that this information is complete and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

Chapter President's Signature _____ Date _____

Chapter _____ Region _____

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 Educational & Charitable Foundation of Eta Phi Beta Sorority, Incorporated, Grand Chapter.