

**ETA PHI BETA**  
SORORITY, INC.



*Not For Ourselves, But For Others®*

---

**Regional or Chapter Name**

**FOR STUDENTS WITH SPECIAL NEEDS**  
(Please type when completing this application)

**PART I – PERSONAL DATA**

**NAME** \_\_\_\_\_  
First Middle Last

**PERMANENT ADDRESS**  
\_\_\_\_\_  
Street Number City State Zip

**MAILING 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
------	----------	--------------------	------------

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

**Honors you received:**


## PART III – EXTRA CURRICULAR ACTIVITIES

**School Organizations and Offices held:**


**Special Recognitions you received:**


**PART IV – COMMUNITY SERVICE**

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


List of offices held in these organizations:


**PART V – WORK EXPERIENCE**

List any school and/or work experience:

Company	Job Title	# of Semesters worked

List any work experience outside of school \_\_\_\_\_

## PART VI - REQUIREMENTS

Submit the following:

- A. Official copy of High School or College transcript verifying an unweighted GPA of 2.0 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).
- C. A 3x5 inch photo to be used in Sorority publications.
- D. A typewritten paragraph (100-150 words) regarding future educational goals and objectives and how this scholarship will help to attain those goals.
- E. Completed application packet.

Regional Director or Chapter President \_\_\_\_\_ Date \_\_\_\_\_

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

## PART VII – SPECIAL NEEDS REQUIREMENTS

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 Eta Phi Beta Sorority, Incorporated, \_\_\_\_\_.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

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 Eta Phi Beta Sorority, Incorporated,  
\_\_\_\_\_.