

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



SCHOLARSHIP APPLICATION
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
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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 2.5 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).
- 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.
- E. Completed application packet.
- F. **Local Chapter submits a completed application packet.**

Chapter President _____ Date _____

Chapter Name _____ Region _____

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

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