

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



**SCHOLARSHIP APPLICATION**

(Please type or print in ink when completing this application)

**PART I - PERSONAL DATA**

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

**PERMANENT 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 Date
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**Honors:** \_\_\_\_\_

**School Organizations and Offices Held:** \_\_\_\_\_

**Special Talents:** \_\_\_\_\_

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

**PART III - COMMUNITY SERVICE**

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

**List offices held in these organizations:** \_\_\_\_\_

**PART IV - WORK EXPERIENCE**

List any school and/or work  
experience

List job title and semesters worked \_\_\_\_\_

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

**PART V - 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).

Name	Email Address	Phone
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Name	Email Address	Phone
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- 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.

Chapter President \_\_\_\_\_ Date \_\_\_\_\_

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

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.

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 Epsilon Beta Chapter of Eta Phi Beta Sorority, Incorporated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date