

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



**APPLICATION FOR SCHOLARSHIP
FOR STUDENTS WITH SPECIAL NEEDS**

(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	Address	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 - SPECIAL NEEDS

This scholarship is specifically designed to provide an award for students with an intellectually or learning disability. Signed documentation verifying the presence of an intellectually or learning disability is required in order to be eligible for this scholarship

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).

Name	Email Address	Phone
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Name	Email Address	Phone
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- C. Signed parental consent form verifying the presence of an intellectual or learning disability.
- D. A 3x5 inch photo to be used in Sorority and media publications.
- E. A typed paragraph (200-250 words) regarding future educational goals and objectives and how this scholarship will help to support 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 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 Eta Phi Beta Sorority, Incorporated, Epsilon Beta Chapter.

Signature

Date