



**ZETA PHI BETA SORORITY, INCORPORATED**  
**Alpha Eta Zeta-DOVE Foundation, Inc.**  
P.O. Box 301407  
Memphis, TN 38130-1407  
[ahzdovefoundationinfo@gmail.com](mailto:ahzdovefoundationinfo@gmail.com)  
**Educational Scholarship**



Dear Applicant,

Alpha Eta Zeta-DOVE Foundation, Inc. is seeking college bound, serious minded graduating high school young ladies and undergraduate college women for scholarship award(s) for the 2019-2020 school year.

The purpose of the scholarship is to assist graduating high school young ladies and undergraduate college women in obtaining a college education and to promote Zeta Phi Beta Sorority, Incorporated's scholarship principles.

High school applicants must have a minimum G.P.A. of a 3.0 and college applicants must have a minimum G.P.A. of a 2.5 on a 4.0 scale. In addition, the applicant must be accepted at a college or university granting a four-year degree. The recipient must provide proof of acceptance before funds will be dispensed.

Accompanying this letter is the scholarship application. All applications must be **received by March 7, 2020**. Please mail to the following address:

**ZETA PHI BETA SORORITY, INCORPORATED**  
**Alpha Eta Zeta-DOVE Foundation, Inc.**  
c/o Scholarship Committee  
P.O. Box 301407  
Memphis, TN 38130-1407

Electronic applications will not be accepted. Please contact [ahzdovefoundationinfo@gmail.com](mailto:ahzdovefoundationinfo@gmail.com), if you have questions, "SUBJECT: Scholarship Questions."

Sincerely,

*Sherita J. Coleman*  
Scholarship Committee Chair



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**SCHOLARSHIP APPLICATION FORM**

*(High school female seniors attending a Shelby County public, private, or charter school  
 and undergraduate college female students with full-time enrollment status in Shelby County may apply)  
 (Type or Print Legible)*

**PERSONAL HISTORY**

Name \_\_\_\_\_

(First)

(Middle)

(Last)

Home Address (Number and Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Number ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Are you an active member of the AHZ Archonette Club? Yes \_\_\_\_\_ No \_\_\_\_\_

High School/College Currently Attending \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Counselor (High School Only) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

(School and College-aged only)

Sisters: Number \_\_\_\_\_ Ages \_\_\_\_\_ Brothers: Number \_\_\_\_\_ Ages \_\_\_\_\_

siblings Attending College (List Sibling Name, College Name, and Classification)

\_\_\_\_\_  
 \_\_\_\_\_

## WORK EXPERIENCE

Indicate full-time or part-time positions/jobs held (list most recent first)

Company	Job Title	PT/FT	Dates
1. _____	_____	_____	_____
2. _____	_____	_____	_____

## FINANCIAL AID AWARDS

List sources and amounts of other financial aid you will receive (Grants/Fellowships/Scholarships, etc.)

a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_

## COLLEGIATE ENDEAVORS

**Include a copy of your acceptance letter with this application (if high school senior)**

College/University you plan to attend or currently attending. If you have applied to several schools and are still undecided, rank them in order of preference

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

## REFERENCES (*Non-Parental*)

Have at least **one (1) financially active member of Alpha Eta Zeta chapter** and one (1) school official or community leader (i.e. pastor, employer, coach, mentor), to write a letter of recommendation about your character and financial need.

**\*References should be in separate sealed envelopes, signed on the back by the referrer, and turned in with application. Please list reference names below:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

## TRANSCRIPT

Submit a copy of your most current (i.e. **Final Fall 2019**) official transcript (high school/college) sealed in an envelope with your application.

*Official electronic transcripts may be accepted only from the college/ university or high school counselor. Please send to [ahzdovefoundationinfo@gmail.com](mailto:ahzdovefoundationinfo@gmail.com), "SUBJECT: (Applicants Name) Transcript."*

### **PERSONAL ESSAY**

Provide an essay stating why you should be awarded this scholarship and the reason financial assistance is needed. The essay must be 300 – 500 words, Times New Roman, Size 12 font, double spaced. The essay should stress your personal character, financial need, community involvement, and leadership skills.

### **SPECIAL GUIDELINES**

- All high school applicants must have at least a 3.0 GPA and attend school in the Shelby County area.
- All undergraduate college student applicants must have at least a 2.5 GPA.
- A written notice of award will be sent to the recipient and/ or the high school counselor by April 15, 2020.
- Scholarship recipients will be publically recognized at a program in June.
- All awards will be rendered in the name of the recipient.
- Recipient must submit their name and student ID number with a confirmation of class schedule to the Alpha Eta Zeta-DOVE Foundation Treasurer by August 24, 2020 in order to receive the award.
- Submit a wallet-sized, head shot picture. Will accept scanned or copies of photo.

### **CERTIFICATION**

I certify that all statements and information included on this application and in the supplemental materials are true to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**DEADLINE: Application must be received by March 7, 2020.**

**\* Please return the completed application along with all supplemental materials to:**

**ZETA PHI BETA SORORITY, INCORPORATED**

**Alpha Eta Zeta-DOVE Foundation, Inc.**

**c/o Scholarship Committee**

**P.O. Box 301407**

**Memphis, TN 38130-1407**

(Wallet sized/ senior head/  
or profile shot)

**Photos will not be  
returned.**