



ZETA PHI BETA SORORITY, INCORPORATED
Alpha Eta Zeta-DOVE Foundation, Inc.

P.O. Box 301407
Memphis, TN 38130-1407
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, 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.)

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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

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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:**

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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, "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.**