

**Zeta Phi Beta Sorority, Inc.**  
**Zeta Dove Education Foundation, Inc.**  
Delta Epsilon Zeta Chapter  
West Palm Beach, Florida 33402



**2021-2022 Scholarship Application**  
[Zphibdezwpb.com](http://Zphibdezwpb.com)

**DEADLINE: FEBRUARY 28, 2022**

**Zeta Phi Beta Sorority, Inc. ■ Zeta Dove Education Foundation, Inc. ■ Delta Epsilon Zeta Chapter  
West Palm Beach, Florida 33402**

**SCHOLARSHIP APPLICATION INFORMATION SHEET**

Delta Epsilon Zeta Chapter of Zeta Phi Beta Sorority, Inc., in conjunction with the Zeta Dove Education Foundation, will award scholarships to qualified applicants residing in the Greater West Palm Beach Area. Our purpose is to provide financial assistance to high school graduates entering college in pursuit of higher education.

Thank you for your interest in applying for a Scholarship. The Zeta Dove Education Foundation proudly supports education; it is the cornerstone of professional existence. ALL scholarship recipients are **REQUIRED** to attend our Annual Scholarship and Awards Luncheon Celebration.

**ELIGIBILITY**

- Applicant must be a high school graduating senior with a minimum **2.5 GPA**.
- Applicant's official high school transcript must accompany application.
- Application forms must be typed or printed legibly.
- Incomplete application will **NOT** be considered.
- Student must submit a **TYPED** one-page essay, Font: Times New Roman 12, double spaced describing academic and career goals.
- Application must be accompanied by at least two letters of recommendation:
  - a. One (1) from a community, civic, or church leader.
  - b. One (1) from a high school guidance counselor or faculty member.
- Eligible students will receive a notification letter inviting them to an interview.
- The **DEADLINE** for submitting applications is February 28, 2022.

**Application Checklist**

- **Application**
- **Academic Transcript**
- **Essay**
- **2 Reference Letters**

**Submit to:**

Zeta Phi Beta Sorority, Inc.  
Attn: Andrea Watson  
P.O. Box 3104  
West Palm Beach, Florida 33402  
For additional information, contact  
Andrea Watson (561) 324-4818

## Scholarship Application

**Applicant Information:** (Please type or print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No If yes, Employer \_\_\_\_\_

What is your monthly income: \$ \_\_\_ Do you plan to work during the school year? \_Yes\_ \_No

**Scholastic Information:**

Name of High School: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

Number of students in graduating class: \_\_\_\_\_ Your Ranking: \_\_\_\_\_

GPA: (A 2.5 minimum on a 4.0 scale is required)

ACT or SAT score: \_\_\_\_\_ Date of Test: \_\_\_\_\_

Honor Societies: \_\_\_\_\_

Community Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organizations and clubs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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What offices have you held or currently hold? \_\_\_\_\_

Have you applied for other scholarships, grants, or financial assistance? Yes \_\_\_ No \_\_\_

If yes, please list them below: \_\_\_\_\_

List sources of any scholarships, grants, or other assistance that you have been awarded:  
\_\_\_\_\_

Colleges or universities that have notified you of acceptance: \_\_\_\_\_

Which college/university do you plan to attend? \_\_\_\_\_

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Anticipated Enrollment Date: \_\_\_\_\_ Major: \_\_\_\_\_  
Month/Year

**Family Information:**

Parent(s) name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

**Financial Information: (To be completed by parent or guardian)**

Number of dependents: \_ Enrolled in college: \_ High School: \_ Middle School: \_ Elementary School: \_

Do you own or rent (*Circle one*) your current residence?

Total Annual Family Income: Please check the box corresponding to your total household

income:

<input type="checkbox"/>	\$10,000 – 19,999	<input type="checkbox"/>	\$60,000 - \$74,999
<input type="checkbox"/>	\$20,000 - \$24,999	<input type="checkbox"/>	\$75,000 - \$99,999
<input type="checkbox"/>	\$25,000 - \$29,999	<input type="checkbox"/>	\$100,000 - \$124,999
<input type="checkbox"/>	\$30,000 - \$34,999	<input type="checkbox"/>	\$125,000 – \$149,999
<input type="checkbox"/>	\$35,000 - \$39,999	<input type="checkbox"/>	\$150,000 - \$174,999
<input type="checkbox"/>	\$40,000 - \$44,999	<input type="checkbox"/>	\$175,000 - \$199,999
<input type="checkbox"/>	\$45,000 - \$49,999	<input type="checkbox"/>	\$200,000 – \$250,000
<input type="checkbox"/>	\$50,000 - \$59,999	<input type="checkbox"/>	Over \$250,000
<input type="checkbox"/>	Other		

## Signature Page

Photos: All interviewing applicants will be photographed during the interview process. Females will be draped with a wrap (provided). Males are asked to wear a black suit, white shirt, and royal blue tie. Photographs will also be taken during the awards luncheon. All photographs/ images are the sole property of Zeta Phi Beta Sorority Inc. The organization reserves the right to use these photographs in various publications. By signing this authorization, I acknowledge and agree to these terms.

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

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant and parent (s) understand that attending the Awards Luncheon is **REQUIRED**. Participants who are selected to receive a scholarship and do not attend the Awards Luncheon will forfeit their scholarship. I understand, acknowledge, and agree to these terms.

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

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if I am awarded a scholarship, the check will be made payable and mailed directly to the college or university that I am attending, once the applicant has provided proper documentation.

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

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, the applicant confirms the accuracy of **ALL** information provided.

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

By signing below, the parent/guardian confirms the accuracy of **ALL** information provided.

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_