

Eta Phi Beta Sorority, Inc. Delta Chapter

PO. Box 424

West Palm Beach, FL. 33402

January 10, 2024

Dear Scholarship Applicant:

Congratulations on your successful completion of one phase of your academic journey. Please continue to strive for excellence while achieving your dreams.

Eta Phi Beta Sorority, Inc. Delta Chapter, West Palm Beach, FL. is a professional and businesswomen's organization that is committed to providing support to other community organizations financially, and by participation and service. Additionally, we provide scholarships to graduating seniors from local area high schools. Applications are currently available for the **2023-2024 school year**.

Complete the attached application and submit all required information <u>by</u> <u>March 8, 2024,</u> to be considered for a scholarship. Mail or email information to Dr. Helen Byrd, Scholarship Awards chair, Po Box 424, West Palm Beach, FL. 33402. Email information should be forwarded to, <u>byrd300@bellsouth.net</u>. Applications <u>must include all required information listed on the Criteria.</u>

Dr. Helen Byrd, Scholarship Awards Committee Chairperson Jeanette L. Haynes Co- chairperson

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- 1. Application
- 2. Criteria
- 3. Media form



Educational & Charitable Foundation Eta Phi Beta Sorority, Incorporated, Grand Chapter/ Local Chapter – Delta

Criteria for Scholarship Local Chapter

1.Submit documentation indicating enrollment and/or acceptance in an accredited college, university, or postsecondary career school.

2. Submit (2) sealed letters of recommendation: one must be from the school on letterhead and signed by a teacher, counselor, principal, advisor, or department chair.

3. Submit signed documentation from the leader of the organization/program verifying community service/volunteer service.

4. Submit signed documentation from the leader indicating participation in extracurricular activities such as drama, sports, etc.

5. Submit a typed paragraph (200-250 words) regarding future educational goals and objectives and how this scholarship will help support those goals.

6.Submit an official transcript with school seal verifying at least an **unweighted** GPA of 2.5.

7. Submit documents verifying memberships, activities, and honors.

8. Submit the completed application packet by March 8, 2024.

Dr. Helen Byrd, Scholarship Chairperson, Jeanette Haynes, Co-chairperson

EDUCATIONAL & CHARITABLE FOUNDATION

ETA PHI BETA SORORITY, INCORPORATED, GRAND CHAPTER



MEDIA CONSENT AND RELEASE FORM

January 1

Dear Scholarship Applicant:

Eta Phi Beta Sorority, Incorporated, needs your permission to use your picture and your name for media, website, or newsletters to announce you as one of our scholarship recipients.

Please sign and date this form and return it with your scholarship application(s) if you agree to the use of your picture and your name in our publications.

Applicant's Name_____

Applicant's Signature _____

Parent or Guardian Name_____

Signature of Parent or Guardian_____

Date: _____

Best Regards,

Kimberly Shoulders

Kimberly Shoulders M.Ed. National Director of Education

EDUCATIONAL & CHARITABLE FOUNDATION ETA PHI BETA SORORITY, INCORPORATED, GRAND CHAPTER



SCHOLARSHIP APPLICATION

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

PART I - PERSONAL DATA

| Last | First | | Middle |
|---------------------|----------------------------|------------------------------------|---|
| Street Number | City | State | Zip |
| | | | |
| | | | |
| Date, Year) | | | |
| UARDIAN | | | |
| | Father/Guardian | Phone | |
| | Mother/Guardian | Pł | ione |
| | PART II - EDUCATIONAL DATA | | |
| niversity Attended: | | | |
| Name | Location | Year in Attendance | Graduation Date |
| | | | |
| Offices Held: | | | |
| | Street Number | Street Number City Date, Year) | Street Number City State Date, Year) |

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:

Charitable & Educational Foundation Eta Phi Beta Sorority, Incorporated, Grand Chapter Scholarship Application Page 2

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

Name

Email Address

Phone

- 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 |

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 Educational & Charitable Foundation of Eta Phi Beta Sorority, Incorporated, Grand Chapter.

Signature

Date

Revised April 2020