

ZETA PHI BETA SORORITY, INCORPORATED

Rho Chi Zeta Chapter

2024 Finer Womanhood Community Service Award *Application*

I. Personal Information

Last *First* *MI*

Parent(s)/Legal Guardian(s) Name _____

Date of Birth _____

Permanent Address _____

Address *City* *State* *Zip*

Email Address _____

Telephone Number _____ (*Cell*)

II. Current Education/Activities

High School Presently Attending _____

Guidance Counselor _____

Anticipated Graduation Date _____

Cumulative G.P.A.: _____

Extracurricular Activities:

Honors/Awards/Recognitions:

V. AFFILIATION QUESTIONS

Are you a Zeta Archonette? _____ Yes _____ No *(If yes, give the name and location of the sponsoring chapter)* _____

Is anyone in your family a Zeta Phi Beta Sorority, Incorporated member? _____ Y _____ N

Is anyone in your family a member of Phi Beta Sigma? _____ Y _____ N

VI. STATEMENT OF APPLICATION & PERMISSIONS

I _____ am applying for Zeta Phi Beta Sorority, Incorporated, Rho Chi Zeta Chapter's Finer Womanhood Community Service Scholarship for the 2024/2025 academic year. I affirm that all the information and statements in my packet are complete and accurate. I agree to provide all academic records requested by the Scholarship Committee. Moreover, I understand that any false or misleading information and/or statements will disqualify me from consideration for the scholarship.

I hereby grant full permission to Zeta Phi Beta Sorority, Inc., to use any photographs, videotapes, motion pictures, recording or any other record of the scholarship for promotional materials. I hereby release Zeta Phi Beta Sorority, Inc. from any and all liability and claims resulting directly or indirectly from using my voice, photographs, likeness, testimonials and/or statements.

Name of Applicant: _____ Signature _____ Date _____

Name of Guardian: _____ Signature _____ Date _____