# 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		City	State	Zip
Email Address				
Telephone Number	(Cell)			

#### **II. Current Education/Activities**

High School Presently Attending\_\_\_\_\_

Guidance Counselor\_\_\_\_\_

Anticipated Graduation Date	2
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Cumulative G.P.A.:	
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Extracurricular Activities:

Honors/Awards/Recognitions:

### **III. Anticipated Education**

Please list the college you plan to attend and your proposed Major:

## **IV. Community Record**

Community Activities: \*If applicable

Complete the following section below. Please list community service projects you have participated in during the past twelve months. Please attach a separate sheet to continue with this application section if necessary.

NAME OF ORGANIZATION	DESCRIPTION OF ACTIVITY	PRIMARY RESPONSIBILITIES	DATES (MM/YY)

## **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