

ETA PHI BETA SORORITY, INCORPORATED

**ALPHA GAMMA CHAPTER
Doris Postel and Betty Jane Gaitor Timmons
SCHOLARSHIP APPLICATION**

The Alpha Gamma Scholarship Program was created to provide financial assistance to qualifying high school graduating female seniors who meet at least one of the following qualifications, (1) student lives and attends school in Miami-Dade County, (2) is a former Alpha Gamma Bee-ette, or (3) student is a child or grandchild of an Alpha Gamma Chapter member. Select applicants may be considered for submission to our Regional or National Scholarship Committee for an opportunity to be awarded additional scholarship monies.

Criteria for Scholarship

1. Submit acceptance letter from an accredited college or university.
2. Submit two (2) sealed letters of recommendations one must be from school teacher, counselor, principal, advisor or department chair.
3. Submit documentation showing proof of community service/volunteer service.
4. Submit documentation indicating participation in extracurricular activities.
5. Submit a short paragraph (250 words) about your future educational goals and objectives and how this scholarship will help to attain those goals.
6. At least an **unweighted** GPA of 2.5
7. Verification of documents for membership, activities and honors.
8. Two (2) Official High School Transcripts
9. Two (2) Photos (3” by 5”) which may be used for chapter media publications.
10. Complete and submit the completed Student Scholarship Release and Information form.
- 11. Submit your signed and completed application plus all of the above on or before April 8, 2019 via your sponsor or by mail to the following address:**

Eta Phi Beta Sorority, Incorporated
Alpha Gamma Chapter
P.O. Box 552285
Miami Gardens, FL. 33055-0285
ATTN: Scholarship Committee

PLEASE NOTE: Application must be post marked on or before April 8, 2019

**For more information contact:
Shirley B Clark, Scholarship Chairperson
305 343-9576 – sbclark52@bellsouth.net**



ΗΦΒ – Eta Phi Beta Sorority, Incorporated

Alpha Gamma Chapter

Miami, Florida

SCHOLARSHIP APPLICATION

I. PERSONAL DATA

Name _____ Date of birth _____

Permanent Address _____ City, State _____

Zip Code _____ Phone (circle cell or home) _____

Email _____

Parents/Guardian Information:

Father's Name _____ Mother's Name _____

Phone (circle cell or home) _____ Phone (circle cell or home) _____

Email _____ Email _____

II. EDUCATIONAL DATA

High School/College/University Attended:

Name	Location	Year Attended	Graduation Date
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_____	_____	_____	_____
_____	_____	_____	_____

Honors:

List School Organizations and Offices Held:

Name	Office Held
_____	_____
_____	_____
_____	_____

Special Talents:

Name and Address of School you plan to Attend or Currently Attend:

III. COMMUNITY SERVICE

List all organizations not connected with school to which you belong or have belonged:

Name

Office Held

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IV. WORK EXPERIENCE

List any school and/or work experience, job title and semesters worked:

List any work experience outside of school:

V. FUTURE PLANS

Letter of Acceptance must be submitted with application.

College/University Acceptance:

Address _____

City _____ State _____ Zip _____

Major _____

Career Goals _____

VI. REQUIREMENTS

An unweighted GPA of 2.5 or higher is required for all applicants.

Submit the following:

- A. Two (2) Official copies of High School or College official transcripts to Scholarship Chair. (*Application will not be considered without an official transcript.*)
- B. Student Scholarship Release and Information Form
- C. A short paragraph (250 words) about your future educational goals and objectives and how this scholarship will help to attain those goals.
- D. Two (2) letters of recommendation. One must be from school personnel, your high school/college or department head or advisor. The other reference may be from a civic leader, minister, professional person, or employer. (list below)

Name _____ Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Email _____ Email _____

Phone _____ Phone _____

Sponsor _____ Date _____

Alpha Gamma Chapter Southeastern Region

The information that I have given on this application is true. I have submitted all required transcripts, photographs and written statements. I agree to submit any other necessary information required. I will abide by the decision of the scholarship committee of Eta Phi Beta Sorority, Inc.

Disclaimer: Distribution of award is contingent upon proof of registration by submitting a copy of class registration. If the scholarship funds are awarded and the recipient does not attend school for any reason we reserve the right to request return of all scholarship funds to Eta Phi Beta Sorority, Inc.

Signature _____ Date _____