



ETA PHI BETA SORORITY, INCORPORATED
ALPHA GAMMA CHAPTER
Doris Postel and Betty Jane Gaitor Timmons
SCHOLARSHIP APPLICATION 2024

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 6, 2024 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 6, 2024

****Signed application may be emailed, all other required documents must be mailed, or hand delivered**

**For more information contact:
LaEatrice McMurray, Scholarship Chairperson
305 606-8935, mcmurray_1@bellsouth.net**

HΦB
Eta Phi Beta Sorority, Incorporated
Alpha Gamma Chapter
Miami, Florida
SCHOLARSHIP APPLICATION 2024

I. PERSONAL DATA

Name _____ Birthday _____

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
_____	_____	_____	_____

Honors: _____

List School Organizations and Offices Held:

Name	Office Held
_____	_____
_____	_____
_____	_____
_____	_____

Special Talents:

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

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 verifying an unweighted GPA of 2.5 or higher to Scholarship Chair. *(Application will not be considered without an official transcript.)*
- B. 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	Email Address	Phone

- C. Two (2) 3x5 inch photo to be used in Sorority publications.
- D. A short paragraph (250 words) about your future educational goals and objectives and how this scholarship will help support your educational goals
- E. Student Scholarship Release and Information Form

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** _____



ETA PHI BETA
SORORITY, INC.

ALPHA GAMMA CHAPTER

STUDENT SCHOLARSHIP RELEASE AND INFORMATION FORM

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

COLLEGE/UNIVERSITY: _____

I release to the Alpha Gamma Chapter of Eta Phi Beta Sorority, Incorporated, the right to use my name, story and pictures for printed, video materials, reports and press releases without compensation.

Applicant Signature

Date

Parent Signature

Date