

ETA PHI BETA
SORORITY, INC.



Not For Ourselves, But For Others®

Regional or Chapter Name

FOR STUDENTS WITH SPECIAL NEEDS
(Please type when completing this application)

PART I – PERSONAL DATA

NAME _____
First Middle Last

**PERMANENT
ADDRESS**

Street Number City State Zip

**MAILING
ADDRESS**

Street Number City State Zip

PHONE _____

EMAIL _____

BIRTHDATE (Month, Date, Year) _____

NAME OF PARENTS/GUARDIAN _____

FATHER/GUARDIAN

PHONE

MOTHER/GUARDIAN

PHONE

PART II - EDUCATIONAL DATA

High School/College/University Attended:

Name	Location	Year in Attendance	Graduation
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Name and Address of School You Plan to Attend or Currently Attend:

Honors you received:

PART III – EXTRA CURRICULAR ACTIVITIES

School Organizations and Offices held:

Special Recognitions you received:

PART IV – COMMUNITY SERVICE

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

List of offices held in these organizations:

PART V – WORK EXPERIENCE

List any school and/or work experience:

Company	Job Title	# of Semesters worked

List any work experience outside of school _____

PART VI - REQUIREMENTS

Submit the following:

- A. Official copy of High School or College transcript verifying an unweighted GPA of 2.0 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).
- C. A 3x5 inch photo to be used in Sorority publications.
- D. A typewritten paragraph (100-150 words) regarding future educational goals and objectives and how this scholarship will help to attain those goals.
- E. Completed application packet.

Regional Director or Chapter President _____ Date _____

Region or Chapter _____

PART VII – SPECIAL NEEDS REQUIREMENTS

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 Eta Phi Beta Sorority, Incorporated, _____.

Applicant Signature _____

Date _____

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 Eta Phi Beta Sorority, Incorporated, _____.