



Zeta Phi Beta Sorority, Incorporated
Gamma Lambda Zeta Chapter
P.O. Box 9905
Daytona Beach, FL 32120

Zeta Phi Beta Sorority, Incorporated Gamma Lambda Zeta Chapter Scholarship Application

This scholarship will **ONLY** be awarded to a 2019-2020 high school graduating senior in Volusia County Schools. The recipient will receive a scholarship in the amount of \$1,000 upon completion of the items listed below.

Instructions for Completing Your Application

- The completed application including the items listed below must be postmarked by **Monday, March 9, 2020** and mailed to P.O. Box 9905, Daytona Beach, FL 32120. Applications with a postmark later than **Monday, March 9, 2020** will not be accepted. For inquiries, contact Lindsay Davis at glzdaytona@gmail.com or 386-244-7688.
- The applicant must have a **cumulative GPA of 3.0 or higher**, which must be verified by a **copy of an official transcript** submitted with the application.
- The applicant must submit **two letters of recommendation**. Relatives of the applicant are excluded from providing letters.
- The applicant must submit an **autobiography** that includes your academic and career goals. The essay **must be typed in black ink** and 300-500 words. Use 8 ½" x 11" unlined white paper. Do not type on the reverse side of the paper.
- The applicant must submit proof of community service. You must attach either the Youth Partnership Program form (located on the Volusia County Schools website) **OR** a verified printout of your volunteer hours.
- The applicant must submit a recent headshot (photo). Your photo will not be released or displayed without your expressed, written consent.
- **If selected**, the recipient must show proof of enrollment and full-time status at an accredited college or university. The recipient must use the website **www.studentclearinghouse.org** to verify enrollment and full-time status. You must also use the scholarship within one year of the enrollment date.



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Information Sheet

Applicant's Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Name of Parents/Legal Guardians: _____

If the address is the same as above, please check the box: If not, please fill out the information below.

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Current High School

School Name: _____ **School Counselor:** _____

City: _____ **State:** _____ **Zip Code:** _____

College or University Preference

1. _____ **Accepted:** _____ **yes** _____ **no**

2. _____ **Accepted:** _____ **yes** _____ **no**

3. _____ **Accepted:** _____ **yes** _____ **no**

College Major: _____

Projected Enrollment Date: _____ **Summer 2019** _____ **Fall 2019** _____ **Spring 2020**



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Leadership: List any leadership positions held and explain your duties and accomplishments.

Achievements: List any outstanding achievements earned during your high school years. Include the name of the award, who honored you, and date of the award.

Extra-curricular Activities: List any extra-curricular activities you participated in during your high school years. Include the type of activity, your position, and dates.

By signing below, I agree that all information is true and accurate to the best of my knowledge.

Signature of Applicant

Date