



# Sisters of the Dove Charity Fund, Inc. In partnership with Zeta Phi Beta Sorority, Inc. ~ Psi Mu Zeta Chapter

### 2017 Scholarship Application

As a non-profit, community-oriented organization committed to encouraging educational development, Sisters of the Dove Charity Fund of Zeta Phi Beta Sorority Inc.~ Psi Mu Zeta Graduate Chapter, annually recognizes local high school students who are dedicated to academic success and achievement. Selected students will receive an academic scholarship to help pay for their college tuition.

Scholarship recipients are asked to attend the Annual Zeta Phi Beta Sorority, Inc.~ Psi Mu Zeta Scholarship Reception to formally receive their scholarship award. Information regarding the reception will be provided to the scholarship recipients prior to the event.

#### Scholarship Eligibility Criteria:

- Female
- Mecklenburg County Resident
- Current High School Senior
- Minimum 3.2 Cumulative GPA (weighted)
- Accepted to a 4-year accredited college or university undergraduate program or 2-year community college

#### For consideration, complete and submit the following:

- Completed and signed application, postmarked by February 1, 2017
- Sealed copy of official high school transcript
- Copy of Acceptance Letter from a 4-year accredited college or university undergraduate program or 2-year community college
- 500-word essay addressing the following: *Students are often told what classes they should take. If you had the opportunity to create a class, what would it be and why?*
- Resume (optional)

#### Please mail completed application and supporting documents to:

Sisters of the Dove Charity Fund of Zeta Phi Beta Sorority, Inc. ~ Psi Mu Zeta Graduate Chapter PO Box 42827 Charlotte, NC 28215 Or E-mail to: sod1920@gmail.com

All applications should be sent via US Postal Service and postmarked by <u>February 1, 2017</u>. Any incomplete or unsigned documents will automatically disqualify the applicant.





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| Personal Information: |                             |
|-----------------------|-----------------------------|
| Full Name:            | Date of Birth: (MM/DD/YEAR) |
|                       |                             |
| Permanent Address:    | Gender:                     |
|                       |                             |
| City:                 | Ethnicity:                  |
|                       |                             |
| State: Zip Code:      | Contact Number:             |
|                       |                             |
| Email:                |                             |
|                       |                             |

#### **Educational Information:**

| Current High School:              | County:                    |
|-----------------------------------|----------------------------|
|                                   |                            |
| School Address:                   | Cumulative GPA (weighted): |
|                                   |                            |
| University/College Admittance(s): |                            |
|                                   |                            |

*Community Involvement* – *In the sections below, list your membership in any organizations, extracurricular activities, community service and work experience. Attach a separate sheet if necessary.* 

| Organization(s)/<br>Membership(s) | Roles and Responsibilities | Years of Participation |
|-----------------------------------|----------------------------|------------------------|
|                                   |                            |                        |
|                                   |                            |                        |
|                                   |                            |                        |





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| Extracurricular Activities<br>(including Sports) | Roles and Responsibilities | Years of Participation |
|--|----------------------------|------------------------|
|  |                            |                        |
|  |                            |                        |
|  |                            |                        |
|  |                            |                        |

| Community Service/Volunteer Experience | Roles and Responsibilities |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |

## Total Number of Community Service Hours Completed between August 1, 2016 – February 1, 2017 \_\_\_\_\_

| Work Experience(s) | Roles and Responsibilities |
|--------------------|----------------------------|
|                    |                            |
|                    |                            |
|                    |                            |
|                    |                            |
|                    |                            |
|                    |                            |
|                    |                            |





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Awards & Honors (Attach separate sheet if necessary)

I verify that the above information and supporting documents provided are accurate to the best of my knowledge. I understand that if any information is found to be misleading or dishonest my application will be ineligible.

| Signature:                 | Date: |  |
|----------------------------|-------|--|
| Parent/Guardian Signature: | Date: |  |