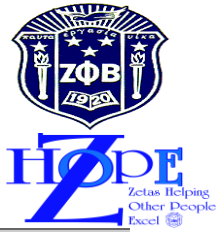




Zeta Amicae of Rochester, New York

Auxiliary to Zeta Phi Beta Sorority, Inc

Scholarship Application



Greetings Young Female Scholars;

On behalf of the Zeta Amicae of Rochester, NY; I Ophelia Smith, President of the Amicae; would like to extend an invitation to apply for our annual scholarship award to the young ladies of the graduating class of 2015.

The Zeta Amicae is an auxiliary of Zeta Phi Beta Sorority, Inc. The Rochester Zeta Amicae is sponsored by Theta Alpha Zeta Chapter of Zeta Phi Beta Sorority, Inc. (Which is a community service organization.) The Amicae of Rochester, NY was formed in 1981 and chartered in February 1983 at Memorial A.M.E. Zion Church. There currently are 6 auxiliaries in the Atlantic Region which is represented by the states of New York, New Jersey, Delaware, Maryland, Pennsylvania and Rhode Island.

Enclosed, you will find a scholarship application for female high school seniors who will be attending an accredited institution of higher learning. To be considered for this scholarship, you must submit the following:

1. Two letters of reference (or more)
2. Your official transcript
3. A statement explaining your financial need of this scholarship, signed by both you and your parent and /or guardian.

Omission of any of the above requested items will lessen your chances of being considered. If you are selected as a finalist, you will be requested to participate in a personal interview.

The above referenced documents must be postmarked by: **April 6, 2015.**

Please return to: **Zeta Amicae of Rochester, New York**
PO Box #24632
Rochester, New York 14624

If you have any question, please contact a member of the Zeta Amicae Scholarship Committee:
Marie Jackson @ 585-338-1808, Precious Fontenette @ 585-594-1204 or Lucille Chess @ 585-436-9746.

Sincerely;

Ophelia Smith

Ophelia Smith; President of the Zeta Amicae of Rochester, NY



Zeta Amicae of Rochester, New York

Theta Alpha Zeta Chapter
Zeta Phi Beta Sorority, Inc.



Scholarship Application

POSTMARK DEADLINE: **APRIL 6, 2015**

This scholarship recognizes academic, educational, volunteer, extracurricular activities and any other special qualities the recipient may have. This application is open to high school graduating female students.

Criteria for Selection:

- 1) Applicant must have a 2.5 or above cumulative GPA (Grade Point Average).
- 2) Applicant must submit:
 - a. An official high school transcript (SEALED)
 - b. A college/university "Letter of Acceptance"
 - c. At least 2 letters of recommendations
 - d. Autobiography
 - e. Copy of your high school photo ID.
- 3) Applicant must complete the attached form in its entirety or it will not be considered. Please be sure to sign and date the application and send via regular mail post marked by **APRIL 6, 2015** to P.O Box #24632, Rochester, New York 14624.
- 4) Applicant will be interviewed and may present any awards they have at this time.
- 5) Winner will be notified by mail and MUST be present to receive the award.
- 6) Scholarship application must be signed by parent/guardian. If applicant is over the age of 18 then they may sign.

Personal Information

Name: _____

Address: _____

City/State/Zip Code: _____ Apt. _____

E-mail Address: _____

Day Phone: _____ Evening Phone: _____

Date of Birth: _____

Place of Birth: _____

Your Employer (Full/Part-time) (circle one) _____

Student Annual Income _____

Father _____ (Name) Father's Employer _____

Occupation _____ Father's Annual Income _____

Mother _____ (Name) Mother's Employer _____

Occupation _____ Mother's Annual Income _____

Number of Sibling(s) _____ Age Range (s) _____

Are you independent of parents? Yes No

Education: - Attach most recent TRANSCRIPT of grades from your current school

High School (Name/address/phone #)	Program of study (Regents/academic/etc.)	Date of Graduation
College expected to attend:	Major and Minor	Expected Date of Graduation

Academic and Community Activities that you participate in:

Activity	Description (note any leadership positions)	Years of Involvement	Hours Per Week	Weeks Per Year
1.				
2.				
3.				
4.				

Volunteer and/or Intern – Please add pages as needed

Organization (Including Church)	Description of Service or Work (Note any leadership positions)	Years of Involvement	Hours Per Week	Weeks Per Year
1.				
2.				
3.				
4.				

Honors and Awards – Please add additional pages as needed

Honor/ Award Name	Description (Include nature & level of competition)	Honor or Award Type	Date Received/ Month/Year
1.			
2.			
3.			
4.			

Letters of Reference

Name of Reference	Phone Number	E-Mail Address
	()	
	()	
	()	

Are you related to a member of Zeta Amicae? Yes No

If so, please give relative's name(s) and address:

Are you related to a member of Zeta Phi Beta Sorority, Inc.? Yes No

If so, please give relative's name(s) and address:

NAME THREE COLLEGES YOU ARE CONSIDERING:

(Name) (Location)

(Name) (Location)

(Name) (Location)

Have you been accepted to any college(s)? Please list colleges below.

1. _____
2. _____
3. _____

What will be your student status upon entering college? **FULL-TIME** **PART-TIME**
(Circle One)

Will you reside on campus? Yes No

FINANCIAL INFORMATION

Expense/Resources should be those you anticipate during a nine (9) month period only. Assistance requested for the summer session should be applied for separately.

A. Expenses:

Tuition and Lab Fees \$ _____
Room/Board \$ _____
Other \$ _____
Estimated Total Expenses \$ _____

B. Resources:

Applicants Savings \$ _____
Parent's/Guardian's Savings \$ _____
Loans (State sources) \$ _____
\$ _____
\$ _____
Grants (Pell/T.A.P., Liberty) \$ _____
Veteran Benefits \$ _____
Vocational Rehabilitation \$ _____

Have you applied for, or received any other monies? Yes No

If yes, what amount? \$ _____
Estimated Total Resources \$ _____

Please indicate when you are available to be interviewed (circle all that apply):

Tuesday Thursday Saturday

AUTOBIOGRAPHY

Please submit a typed autobiography. Your autobiography should include how you learned about the Zeta Amicae Scholarship award and may also include your family background, education, church activities, career goals, areas of personal interest, why you should receive this award and/or your philosophy on life.

The undersigned confirms that the information submitted on this application is true and realizes any deliberate falsification in the information she has submitted is immediate cause for her application to be voided.

Signature of Applicant - (in INK only)

Date of Signature

Parent/Guardian's Signature if applicant is under the age of 18

Date of Signature

REMINDER: Please review the criteria for selection and make sure ALL requirements have been met!

RETURN YOUR COMPLETED SCHOLARSHIP APPLICATION NO LATER THAN

Postmark deadline: APRIL 6, 2015

All materials must be submitted as one package, at the same time, in one mailing. No faxes will be accepted.

***If applicant has any questions, please call the Scholarship Committee:
Precious Fontenette at 585-594-1204 or Lucille Chess at 585-436-9746 or Marie Jackson at 585-338-1808.***

**PLEASE MAIL TO:
Zeta Amicae of Rochester, NY
PO Box #24632
Rochester, NY. 14624**

FOR ADMINISTRATIVE USE ONLY:

Postmark Date: _____ Financial and Active: Yes No Application Complete: Yes No

PF/LC/MJ/2015