

*Zeta Phi Beta Sorority, Incorporated
Kappa Sigma Zeta Chapter*



ANNETTA WALKER MEMORIAL SCHOLARSHIP

Zeta Phi Beta Sorority, Inc., Kappa Sigma Zeta Chapter serving Central Illinois proudly announces the availability of scholarship funds for students with financial needs. The purpose of the scholarship is to assist students with the cost of tuition, books, and or supplies.

Zeta Phi Beta Sorority, Inc. is dedicated to promoting the highest standards of scholarship through literary, cultural, and educational programs. **These awards were named in honor of a sorority member and her strong commitment to educational programs.**

Criteria:

- Must be a resident of Sangamon County.
- Must submit a completed neatly printed or typed application to the scholarship.
- Must be accepted as a full-time (minimum of 12 hours) student pursuing an undergraduate degree at an accredited college or university.
- Must submit an official sealed transcript to the Scholarship Committee from the high school.
- Must have a minimum 2.5 grade point average for a graduating high school senior or college student.
- Must submit three (3) letters of recommendations, one from each category listed below:
 - Counselor, Teacher, Professor, or Dean
 - Church Official or Employer
 - Community Service Leader
- Must submit letter of admission from the college or university.
- Must submit resume.
- All applications must be postmarked no later than May 30, 2018.
- **Scholarship recipients may only receive the Annetta Walker Memorial Scholarship one time and must provide enrollment verification by October 31, 2018 or forfeit their scholarship award.**

All applications must be complete, typewritten, and **postmarked no later than May 30, 2018**. Please forward all application materials to:

Zeta Phi Beta Sorority, Inc.
Kappa Sigma Zeta Chapter
Scholarship Committee
P.O. Box 2441
Springfield, IL 62705

Zeta Phi Beta Sorority, Incorporated
Kappa Sigma Zeta Chapter



ANNETTA WALKER MEMORIAL APPLICATION

Applicant Information (Please TYPE or PRINT in blue or black ink)

Last Name _____ First _____ Middle Initial _____

Permanent Home Address: _____
City State Zip Code

Telephone Number () _____ (Home) () _____ (Cell)

Email Address: _____

Date of Birth: Month _____ Day _____ Year _____

Parent or Guardian Information

Last Name _____ First _____ Middle Initial _____

Address _____
City State Zip Code

Telephone () _____ (Home) () _____ (Cell)

Relationship to Applicant _____

Email Address: _____

High School Information

School Name: _____

School Address: _____
City State Zip Code

Telephone Number () _____ Fax() _____

Graduation Date: _____

Current Cumulative Grade Point Average _____

Post Secondary School Information

School _____

Location _____

City,

State

Zip Code

College or University Classification: Freshman Sophomore Junior Senior

Major Field of Study: _____

Expected date of Graduation: _____

Work Experience

Please submit one page resume.

List below your community activities, such as church affiliation, leadership positions, honors and awards recognition with applicable dates and length of involvement:

List below your extracurricular activities with applicable dates and length of involvement:

How did you hear about the Zeta Phi Beta Sorority, Inc. Kappa Sigma Zeta Chapter Blue & White Legacy Scholarship?

Individuals Writing Recommendation Letters

1. Name _____ Occupation _____
Address _____ City _____ State _____ Zip _____
2. Name _____ Occupation _____
Address _____ City _____ State _____ Zip _____
3. Name _____ Occupation _____
Address _____ City _____ State _____ Zip _____

Essay

On a separate sheet of paper, in a minimum of 300 words, but no more than 500 words, write an essay about yourself, and what influenced your decision to pursue higher education. How can this scholarship award assist with your financial needs? Please type your essay using double spaces. **Attach essay to your application.**

All applicants must read and sign the certification below. This application and supporting documents will be forwarded to the Scholarship Committee.

Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this application form. Falsification of information may result in termination of any scholarship granted.

If I receive this scholarship award, I agree to report my academic progress in writing for the applicable semester that I will receive the award.

After the scholarship has been awarded, the application form becomes the property of Zeta Phi Beta Sorority, Inc. Kappa Sigma Zeta Chapter, P.O. Box 2441, Springfield, Illinois 62705.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

This application for a scholarship becomes complete and valid only when you have returned all of the requested information.

ALL APPLICATIONS MUST BE POST MARKED BY May 30, 2018

Applications that are not postmarked will not be considered.

**Zeta Phi Beta Sorority, Inc.
Kappa Sigma Zeta Chapter
Scholarship Committee
P.O. Box 2441
Springfield, IL 62705**

Scholarship Application Check List:

- Completed Application
- Official Transcript (sealed envelope from school)
- Three recommendation letters
- Resume
- Acceptance or enrollment letter (from school you will be attending)
- Essay