



**Zeta Phi Beta Sorority Incorporated
Tau Psi Zeta Chapter
Zeta Male Network**



Scholarship Award Application

Date: _____

Last Name: _____ First Name: _____

To be considered, the applicant must meet the following qualifications:

Qualifications: The Zeta Male Network an Auxiliary of Zeta Phi Beta Sorority, Inc., Tau Psi Zeta Chapter is awarding male recipients who are pursuing a degree in an accredited program.

- Must currently be a graduating **male** senior enrolling in the Fall 2021 to an accredited 4 - year College or University seeking to earn credits towards a degree.
- Applicants must have a financial need
- Must exhibit a desire to serve by participating in volunteer work and/or other community service activities
- Must have a C+ or better Cumulative Grade Point Average (2.5/4.0 scale, etc.)
- Must submit a brief (non-returnable) bio and headshot picture with application

Along with the application, please submit the following-(recommendations)

- Must submit an official **sealed** transcript from the school to the Scholarship Committee.
- Must submit two (2) letters of recommendations from:
 - Professor or Guidance Counselor
 - Minister or Community Leader or comparable person that can attest to your leadership, community service and academic standing
 - All applications must be typed and signed by the applicant. No handwritten applications will be accepted. All applications and required documentations should be **postmarked no later than February 21, 2021**. Please mail application, transcripts and recommendations directly to:

**Zeta Phi Beta Sorority, Inc.
Tau Psi Zeta Chapter
Attn: ZMN Scholarship Committee
12003 S. Pulaski Road #106
Alsip, IL 60803**

Note: The decision of the committee is final. Award recipients will be notified by email of the decision by February 21st. Scholarship recipients may only receive the scholarship one time.

Any questions, please inquire at tpzzetamale@gmail.com

Last Name _____ First Name _____

Current Address _____

City _____ State _____ Zip Code _____

Permanent Address
(if different from above) _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Day Phone _____ Cellular Telephone _____ Evening Phone _____

Member of a Greek Lettered Organization? Yes No

Current Organization: _____ If active, Current Chapter: _____

School attending: _____

Major/Area of Study: _____ Degree/Certificate Seeking: _____

Online or Traditional: _____ Anticipated Graduation: _____

of hours earned: _____ # of hours remaining: _____

Current GPA: _____ List Earned Degrees: _____

List below your activities, honors, and awards **with** dates:

List a financial need/hardship for applying for the Scholarship:

Last Name _____ First Name _____

Community Activities: _____

Leadership Positions/Skills: _____

Currently Employed: Yes _____ No _____ Retired? _____ If employed, complete the following:

Employer: _____

Current Job Title: _____

Address: _____

City, State, Zip Code: _____

I, _____, have truthfully completed all information in this application and understand that any falsifications or misrepresentations of any kind will immediately deem my application ineligible for receipt of the scholarship funds. If I receive this award, I agree to report my academic progress in writing for the applicable quarter/semester that I will receive the award. This information will be forwarded to the Scholarship Committee.

Applicant's Name _____ Date: _____

Applicant's Signature _____ Date: _____

