



**Foundation Scholarship Packet Reference ZETA PHI BETA
SORORITY, INCORPORATED
ETA THETA ZETA FOUNDATION, INCORPORATED
Scholarship Committee
P.O. Box 1479
Augusta, Georgia 30903**

Application REQUIREMENTS

- Be sure to **include all** the following in the application package:
 - A **photograph**
 - **Official transcript** in a school-sealed envelope from your high school
 - An **essay** of 150 words or more **specifically** stating and explaining how this scholarship will assist you in achieving your educational **goals** and in **contributing to society**.
(The essay must be typed and doubled-spaced in 12-point type.)
 - **Letters** of recommendation from **two (2)** of the following choices: (Each letter must be from a different person.)
 - (1) High school teacher
 - (2) Minister
 - (3) Community leader
 - **Photo Release Form** signed by parent/guardian.
- All applications **MUST** be postmarked by (March 7, 2025)
- **Only students who are enrolling in an accredited higher educational institution (institute of technology, junior college, or college/university) are eligible for this scholarship.**
- Zeta Phi Beta Scholarship Committee will select the scholarship recipient.
- For publicity purposes, the scholarship recipient **MUST** be present for a photo shoot at the Zeta House located at 1247 Laney Walker Blvd, Augusta, GA 30901 on a date and time to be announced. Only scholarship recipients will be notified.
- The student will receive an award check when he/she provides **verification of enrollment (an official school-stamped document)** from the **registrar's office** of the accredited institution. To avoid forfeiture of the award, the student must provide this information to Zeta Phi Beta Sorority, Incorporated no later than (October 1, 2025).
 - This scholarship is **ONLY** for the 2025 - 2026 **school year**.
 - If the scholarship is not used, the award check **must be returned** to the Sorority.
- Please mail to the address above in the heading.

If you have any questions or concerns, please contact **(Aaron Ann Newberry) (706-495-7566)**.

Thank you, The Eta Theta Zeta Scholarship Committee

ZETA PHI BETA SORORITY, INCORPORATED

ETA THETA ZETA FOUNDATION SCHOLARSHIP APPLICATION

[PLEASE PRINT OR TYPE]

NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
STREET CITY STATE ZIP CODE

HOME TELEPHONE NUMBER _____ **CELLULAR NUMBER** _____

EMAIL: _____ **FACEBOOK** _____

INSTAGRAM _____ **TWITTER** _____

DATE OF BIRTH: _____ **GENDER: MALE** _____ **FEMALE** _____

HIGH SCHOOL PRESENTLY ATTENDING: _____ **GPA** _____

HIGHER EDUCATION INSTITUTION YOU PLAN TO ATTEND: _____

FAMILY BACKGROUND: [The PHONE NUMBER OF PARENT(S)/GUARDIAN(S) IS **REQUIRED.**]

FATHER: _____
(NAME) (OCCUPATION) (TELEPHONE)

MOTHER: _____
(NAME) (OCCUPATION) (TELEPHONE)

SIBLING: _____
(NUMBER OF) (AGES)

TOTAL ANNUAL HOUSEHOLD INCOME (REQUIRED): \$ _____

Applied for or Offered Any Other Scholarship Awards: Yes__ No__ If yes, please identify:

[Use additional sheets if needed.]

List Community Service Organizations and Activities: [Use additional sheets if needed.]

1. _____
2. _____
3. _____

Signature of Applicant _____

Signature of Parent or Guardian: _____

Date: _____



DO NOT E-MAIL APPLICATION!

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

ZETA PHI BETA SORORITY, INCORPORATED

Eta Theta Zeta Foundation Scholarship Candidate/Recipient

Photo Release Form

I grant Zeta Phi Beta Sorority, Incorporated the unlimited right to use and/or reproduce photographs or likenesses of my child in any legal manner for the internal or external promotional and information activities of Zeta Phi Beta Sorority, Incorporated. I also agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of Zeta Phi Beta Sorority, Incorporated in which he/she is involved. I also agree to allow my child's work and/or photograph to be published on the Zeta Phi Beta Sorority, Incorporated national and local chapter Web site/internet pages and publications. I further understand that by signing this release, I waive any and all of present or future compensation rights to the use of the above stated material(s).

Child's Name: _____

Parent's Last Name: _____ First Name: _____

MI: _____

Parent's Signature: _____

Submission Date: _____



ZETA PHI BETA SORORITY, INCORPORATED

ETA THETA ZETA FOUNDATION, INCORPORATED

P O Box 1479
Augusta, GA 30903

(Inside address if mailed)

Greetings Guidance Counselor:

The Eta Theta Zeta Foundation, Incorporated of Zeta Phi Beta Sorority, Incorporated is delighted to offer scholarships to high school graduating seniors. To be eligible for this scholarship, the student must be planning to attend an accredited higher education institution (institute of technology, junior college, or college/university). Enclosed are copies of the application requirements, the application form, and the photo release form. Feel free to make copies. Please inform your students of this opportunity and distribute the enclosed to those students who are interested. Please stress to them the importance of fully completing the application and submitting it along with all required items by the **March 7,2025** deadline. Incomplete applications will not be considered, and no applications will be accepted after the deadline. Your cooperation is greatly appreciated.

Freely contact me if you have any questions or concerns: (Cell: 706-495-7566)

Thank you,

Aaron Ann Newberry, Chair
The Eta Theta Zeta Scholarship Committee



ZETA PHI BETA SORORITY, INCORPORATED
ETA THETA ZETA FOUNDATION, INCORPORATED
ETA THETA ZETA SCHOLARSHIP
P O Box 1479
Augusta, GA 30903

(inside address)

Greetings Parent:

The Eta Theta Zeta Foundation, Incorporated of Zeta Phi Beta Sorority, Incorporated is delighted to offer scholarships to high school graduating seniors. To be eligible for this scholarship, the student must be planning to attend an accredited higher educational institution (institute of technology, junior college, or college/university). Enclosed are copies of the application requirements, the application form, and the photo release form. Feel free to make copies. Please inform students of this opportunity and distribute the enclosed to those students who are interested. Please stress to them the importance of fully completing the application and submitting it along with all required items by the April 15,2024_deadline. Incomplete applications will not be considered, and no applications will be accepted after the deadline. Your cooperation is greatly appreciated.

Freely contact me if you have any questions or concerns.

Thank you,

Aaron Ann Newberry, Chair
The Eta Theta Zeta Scholarship Committee



**Zeta Phi Beta Sorority, Incorporated
Eta Theta Zeta Foundation, Incorporated
Eta Theta Zeta Foundation Scholarship
P. O. Box 1479
Augusta, GA 30903**

(Recipient's name & address)

Dear (Recipient's name):

Congratulations! It is our pleasure to award to you the Eta Theta Zeta Foundation \$_____ Scholarship for the 2025 - 2026 school year. You will receive the award check when you provide proof of enrollment (**an official school-stamped document**) from **the registrar's office** of the accredited higher education institution. To avoid forfeiture of the award, you must provide this information to the Scholarship Committee **at the above address**, no later than midnight, **(October 1, 2025)**. This scholarship is **ONLY** for the 2025 - 2026 **school year**. If the scholarship is not used, the award check **must be returned** to the Chapter's Foundation.

A scholarship notification letter has also been sent to your high school counselor. We have made a request to the counselor that this scholarship award be announced at your graduation.

Regretfully, we will not be having our annual reception honoring our scholarship recipients. If we plan any activity in lieu of the reception, you will be contacted. In the meantime, if you have any questions or concerns, please feel free to call or text me, **(Cell: 706-495-7566)**. Also, please **acknowledge receipt of this letter** via a text with your name.

Sincerely,

Aaron Ann Newberry, Chair



The Eta Theta Zeta Scholarship Committee

**Zeta Phi Beta Sorority, Incorporated
Eta Theta Zeta Foundation, Incorporated
Eta Theta Zeta Foundation Scholarship
P. O. Box 1479
Augusta, GA 30903**

Attn: Guidance Counselor
(School address)

Dear Guidance Counselor:

Congratulations! We are pleased to inform you that your student (Name) has been selected as a recipient of the 2025-2026 Eta Theta Zeta Foundation Scholarship in the amount of \$_____. She has been informed of this scholarship award.

To honor (Student's first name), it is our request that you please see that this award is announced at her graduation.

If you have any questions or concerns, please feel free to contact me on (706-495-7566).

Sincerely,

Aaron Ann Newberry, Chair
The Eta Theta Zeta Scholarship Committee