



Zeta Amicae of Rochester, New York

Theta Alpha Zeta Chapter

Zeta Phi Beta Sorority, Inc.

Ophelia Smith Scholarship Application

POSTMARK DEADLINE: **Last Monday in March**

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) Applicants must have a 2.5 or above cumulative GPA (Grade Point Average).
- 2) Applicant must submit:
 - a. Official high school transcript –With High School seal and be unopened
 - b. College/University “Letter of Acceptance”
 - c. 2 Letters of Recommendations
 - d. An autobiography that includes how you learned about the Zeta Amicae Scholarship award
 - e. A copy of your high school photo ID.
- 3) **All requirements must be included with the completed application.** Please be sure to sign and date the application and send it via regular mail postmarked by **Last Monday in March** to: P.O Box #24632, Rochester, New York 14624.
- 4) Applicants will be interviewed and should present any awards they have at this time.
- 5) Recipients will be notified by email.
- 6) Scholarship application must be signed by the parent/guardian, if the applicant is under the age of 18.

Personal Information

Name: _____

Address: _____

City/State/Zip Code: _____

E-mail Address: _____

Day Phone: _____ Evening Phone: _____

Date of Birth: _____

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

Student Annual Income _____

Father _____

Occupation _____

Father's Annual Income _____

Mother _____

Occupation _____

Mother's Annual Income _____

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

Are you independent of your parents? Yes No

Education:

High School (Name/address/phone #)	Program of study (Regents/academic/etc.)	Date of Graduation
School 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.			

Are you related to a member of Zeta Amicae? 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	\$ _____
<u>Estimated Total Expenses</u>	\$ _____

B. Resources:

Applicants Savings	\$ _____
Loans (State sources)	\$ _____
	\$ _____
	\$ _____
Grants (Pell/T.A.P., Liberty)	\$ _____
Vocational Rehabilitation	\$ _____

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

If yes, what amount? \$ _____

Estimated Total Resources \$ _____

AUTOBIOGRAPHY

Please submit a typed autobiography. Your autobiography may 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.

PHOTO RELEASE I give permission to Zeta Amicae of Rochester to use photos taken of my daughter/ (self), participating in Zeta Amicae of Rochester activities.

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 - (INK only)

Date of Signature

Parent/Guardian’s Signature if applicant is under the age of 18
(INK only)

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:
Last Monday in March

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:
Tonia Dawson at 585-694-2517 or Ashante Singeltary 585-350-6521 or Joyce Thomas at 585-957-8036 or
Precious Fontenette at 585-594-1204 Marie Jackson 585-208-2500*

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