



Zeta Phi Beta Sorority, Inc.

Sigma Omicron Zeta Chapter

PO Box 1114

Snellville, GA 30078

Email: sozscholarship@gmail.com

Pearls of Excellence Scholarship Application

PART I- PERSONAL INFORMATION AND REFERENCES

Deadline for Submission: February 12, 2020 <u>Chosen Awardees will be notified within two weeks.</u>			
Applicant Information			
First Name:		Middle Initial:	Last Name:
Date of Birth:		Home/Cell Phone:	
Permanent Address:			
City:	State:	Zip:	County:
Email Address:			
School Name:		Street Address:	
City:	State:	Zip:	
GPA:	Expected Graduation	GED	Expected Completion
References			
<i>Attach two letters of recommendation from a high school/college faculty, counselor, community center, church official, or employer.</i>			
Letters must be signed by the individual writing the letter and should clearly indicate positive and specific examples of the student's academic ability and character.			
Reference 1			
Name:			
Phone number:			
Email Address:			
Reference 2			
Name:			
Phone number:			
Email Address:			



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Name:

PART II – COMMUNITY SERVICE, CLUBS/ORGANIZATIONS, AWARDS/HONORS, TALENTS

List your community service, clubs/organizations, awards/honors, and special talents below. Please provide the date(s), organization, and description.



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PART III- ESSAY QUESTION

Please answer **ONE** of the following essay questions in the space provided below, detailed response required.

1. As a young person in America, how do you engage in Social Change to make an impact within your community?

OR

2. What are some of the main issues facing your generation's future?



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PART IV- TRANSCRIPT OR GED CERTIFICATE

Please mail an official copy of your high school transcript or GED certificate to the address above.

PART V- Eligibility Reminders

The scholarship is limited to any ~~at~~ ⁱⁿ Gwinnett County High School Senior or High School GED candidates that are in good standing. The recipient's permanent home address must reside in Gwinnett County.

Students must maintain full-time status at an accredited, post-secondary institution beginning in the fall of 2019. Applicants must meet all of the eligibility requirements and deadlines to qualify. Scholarship awards range from \$250 to \$750 and should be applied towards school-related expenses. Checks will be mailed from the SOZ Chapter and made payable to the student upon successful verification of enrollment.

Community service or school participation and ability to succeed are the primary factors considered, although none are a determining factor. Students in vocational education programs are strongly encouraged to apply.

I certify that I have read and understand the guidelines contained herein. I attest that all information I have provided in this application is true.

Scholarship Applicant Name (Printed)

Date: _____

Scholarship Applicant Signature