Zeta Tau Zeta White Rose Foundation, Incorporated 2023 Achievement Award Scholarship Application



Instructions for Application Process

- Thoroughly review the application and requirements. Be sure to pay close attention to the eligibility criteria for each scholarship.
- Select each scholarship for which you meet the eligibility criteria.
- Sign completed application.
- Write an essay. Be sure to proofread essay for content and grammar.
- > Two recommendation letters from teachers, counselors and members of the community.

- A current *digital* picture (headshot preferred).
- An official **electronic** high school or college transcript.
- Submit completed scholarship application in PDF format via email to kshiggins19@gmail.com.
- For additional questions, please contact the scholarship committee at kshiggins19@gmail.com .

Application Deadline is February 28, 2023

Eligibility Requirements - Select a Scholarship (s) African American female who will graduate from high school in 2023. Must be an Illinois resident. • Cumulative (unweighted) GPA of 3.0 or higher. **Traditional Scholarship** • Pursuing a Bachelor degree from an accredited college or university as a full-time student. Zeta Tau Zeta Archonette Youth Auxiliary members are eligible to apply. • African American female who received a high school diploma or obtained a GED but did not attend a college or university, or has not attended a college or university in the past three (3)

Non-Traditional **Scholarship**

- years. Must be an Illinois resident.
- African American male who will graduate from high school in 2023. Must be an Illinois resident.
- Cumulative (unweighted) GPA of 2.5 or higher.
- · Pursuing a Bachelor or Associate degree from an accredited college or university as a full-time student.

Two-Year, Community College, Technical or **Vocational Scholarship**

- African American female who will graduate from highschool in 2023. Must be an Illinois resident.
- · Cumulative (unweighted) GPA of 2.5 or higher.
- Pursuing an Associate degree, or a certification orlicensure from an accredited school as a full-time or part-time student.
- Zeta Tau Zeta Archonette Youth Auxiliary members are eligible to apply.

Applicant Information		
Applicant Name:		
Permanent Address:		
Contact Numbers (home and mobile):		
E-mail Address:		
Date and Place of Birth:		
School Currently Attending:		
School Address & Contact Number:		

Please respond to the following questions with a "yes" or "no":

Question	Yes	No
Are you an African American female?		
Are you an African American male?		
Are you graduating from high school in 2023?		
Are you a resident of Illinois?		
Do you have a cumulative (unweighted) GPA of 3.0 or higher?		
Do you have a cumulative (unweighted) GPA of 2.5 or higher?		
Are you a member of the Zeta Tau Zeta Archonette Youth Auxiliary?		

Are you starting your first year to pursue your bachelor's degree at an accredited college or university in the fall semester/quarter of 2023? If yes, please provide the name and location of the institution:
Are you starting your first year to pursue your associate degree, certification, or licensure at an accredited school in the fall semester/quarter of 2023? If yes, please provide the name and location of the institution:
Activities, Community Service, Honors and Awards (Attach additional pages as needed)
Current School Activities/Organizations:
Community Service Activities:
Other Activities/Organizations:

Additional Scholarships that you have been awarded (include name and amount of award):

Personal Background		
Applicant Name:		
Occupation:		
Father's Name and Occupation:		
Mother's Name and Occupation:		
E-mail Address and Contact Phone Number of Parent/Guardian:		
Number and Ages of Siblings:		

Criteria for Essay

- The essay should be a brief autobiographical sketch that includes information relating to your educational goals, financial need, career aspirations and why you should receive the scholarship award.
- The essay must also include a summary on what you think our country should do to foster unity.
- Essays must be double spaced and a maximum of two pages in length. Essays will be evaluated based on content and grammar.

Counselor Form:

Please have your school counselor or academic advisor provide the following information. Be sure to include this form with your completed application packet. Please return completed form in PDF format to kshiggins19@gmail.com.

Applicant Name:	
School Name:	
Anticipated Graduation Date:	
Unweighted Cumulative GPA:	
Class Rank:	
Counselor/Advisor E-mail Address:	
Counselor/Advisor Contact Number:	
Counselor/Advisor Signature:	Date:

AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE OR LIKENESS

I hereby permit and authorize Zeta Tau Zeta White Rose Foundation, Inc. and Zeta Tau Zeta Chapter of Zeta Phi Beta Sorority, Inc along with its members and officers who are acting on behalf of both to use my likeness and/or name in any photograph, image, video, motion picture, performance or sound recording (collectively referred to herein as my "Likeness") for purposes related to the nature of its business including but not limited to advertising, publicizing or marketing its services and activities for any other commercial or lawful purpose, without any compensation to me.

I understand and agree that these materials will be used by ZTZ White Rose Foundation and ZTZ Chapter of Zeta Phi Beta Sorority Inc for marketing and publicity purposes. I hereby authorize them to exhibit, publish, or broadcast my likeness in a professional and positive manner on media and social media, including print, video presentations, television, radio and satellite transmissions or rebroadcasts, news bulletins, mailers, billboards or signs, brochures, website placements, podcasts or other digital delivery or publications, including scrapbooks, journals, chapter ads for conferences and chapter reports.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.			
Signature	Date		
Printed Name	Contact Number		
Mailing Address			

Please return completed form in PDF format to kshiggins19@gmail.com.

Recommendation Form:

Please give the recommendation forms to two individuals who will provide a recommendation for you. The signed recommendation letters must be included with your completed application packet. **Please return completed form in PDF format to** <u>kshiggins19@gmail.com</u>.

commendation Letter for (Applicant Name):
be completed by applicant's high school counselor/academic advisor, teacher ministrator, or community/church representative, etc.
commender's Name:
ationship to the applicant: (select all that apply):
Counselor/Advisor
Teacher
Administrator
Community/Church Representative
Other (please specify):

Recommenders are asked to provide a typed, signed letter of recommendation for the applicant. Comments should include responses to the following questions:

- ➤ How has the applicant demonstrated resilience through academic and person challenges?
- What leadership skills does the applicant possess?
- ➤ What are the applicant's future academic and career goals?
- ➤ How will this award help the applicant?

Statement of Agreement:

If I receive this award, I agree to submit proof of enrollment and attendance at an accredited college, university, or school for the fall semester/quarter of 2023. I agree to use the scholarship funds in accordance with the guidelines set forth by the scholarship committee. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration of the scholarship award. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I affirm the information contained in this application is true and accurate to the best of my knowledge and belief.

I also understand that if I am awarded a scholarship, the scholarship check will be sent directly to the university or college that I will attend for the fall semester/quarter of 2023.

Applicant's Signature:	 Date:
Applicant's Signature:	 Date: