

# Eta Phi Beta Sorority, Inc.



Founded 1942

## GAMMA MU CHAPTER APPLICATION FOR SCHOLARSHIP

Complete and Return to the Chair of the Scholarship Committee  
(Please type or print in ink when completing this application)

### PART I - PERSONAL DATA

NAME \_\_\_\_\_  
PERMANENT ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

Last	First	Middle
_____	_____	_____

Street Number	City	State	Zip
_____	_____	_____	_____

BIRTHDATE (Month, Date, Year) \_\_\_\_\_  
NAME OF PARENTS/GUARDIAN \_\_\_\_\_  
Father \_\_\_\_\_ PLEASE CIRCLE Phone (CELL OR HOME) \_\_\_\_\_  
Mother \_\_\_\_\_ PLEASE CIRCLE Phone(CELL OR HOME) \_\_\_\_\_

### PART II - EDUCATIONAL DATA

High School /College/University Attended: \_\_\_\_\_

Name	Location	Year in Attendance	Graduation Date
_____	_____	_____	_____

Honors: \_\_\_\_\_

School Organizations and Offices Held: \_\_\_\_\_

Special Talents: \_\_\_\_\_

Name and Address of School You Plan to Attend or Currently Attend: \_\_\_\_\_

### PART III - COMMUNITY SERVICE

List all organizations not connected with school to which you belong or have belonged: \_\_\_\_\_

List Offices held in these organizations: \_\_\_\_\_

**PART IV - WORK EXPERIENCE**

List any school and/or work experience  
List Job Title and Semesters Worked

List any work experiences outside of school

**PART V - REQUIREMENTS**

Submit the following information:

- A. Official copy of High School or College official transcript to Scholarship Chair (Application will not be considered without an official transcript)
- B. Two (2) letters of recommendation. One must be from school personnel from your high school /college or department head or advisor. The other reference may be from a civic leader, minister, or professional person, or employer- (list name, address and occupation below)
- C. An unweighted GPA of 2.5 or higher is required for all applicants

Name	Address	Occupation
Name	Address	Occupation
Name	Address	Occupation

4. Submit with application a 3" x 5" photograph to be used in sorority publications.

Write a short paragraph (200-250 words maximum) attached about how this scholarship will help you to support your educational goals.

Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Chapter Gamma Mu Region Southeastern

The information that I have given on this application is true. I have submitted all required transcripts, photographs and written statements I agree to submit any other necessary information required. I will abide by the decision of the scholarship committee of Eta Phi Beta Sorority, Inc.

**Disclaimer:** If the scholarship funds are awarded and the recipient does not attend school for any reason; we reserve the right to request the return of all scholarship funds to Eta Phi Beta Sorority, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Eta Phi Beta Sorority, Inc.

**Gamma Mu Chapter**

Criteria for Scholarship

1. Submit documentation indicating enrollment and/or acceptance in an accredited college or university.
2. Submit two (2) sealed letters of recommendations one must be from school (teacher, counselor, principal, advisor, or department chair).
3. Submit documentation showing proof of community service/volunteer service.
4. Submit documentation indicating participation in extracurricular activities.
5. Submit a short paragraph (250 words) about their future educational goals and objectives and how this scholarship will help to attain those goals.
6. At least an **unweighted** GPA of 2.5
7. Verification of documents for memberships, activities, and honors.
8. Official transcript
9. Provide a 3x5 photo which may be used for chapter media publications
10. Submit application on or before **April 10, 2024**
11. Submit application to:

Lorraine De Graffenreid  
Scholarship Committee Chairperson  
Eta Phi Beta Sorority, Inc.  
Gamma Mu Chapter  
Post Office Box 451  
Reform, AL 35481  
Phone: (205) 242-8373  
Email: ldunit@comcast.net