



Zeta Amicae of Detroit

SCHOLARSHIP APPLICATION INSTRUCTIONS

(ALL INFORMATION WILL REMAIN CONFIDENTIAL)

1. Please type or print clearly. Application **MUST** be completed by the applicant.
2. The following **MUST** be attached/included with the application:
 - A. **Official** transcript of courses completed (high school or college).
 - B. A video biographical statement (Two minutes or less, dressed in business attire), **OR** a written autobiography which includes the following: education background, financial need, participation with church auxiliaries/ministries other organizational memberships, and any pertinent information about you. Please note any extenuating circumstances, which may be important for consideration of your application.
 - C. Two reference letters (school counselor, instructor, or supervisor.)
3. Send completed application with attachments **POSTMARKED BY NOVEMBER 11, 2022** to:

Ms. Heather Taylor, Scholarship Chairperson
Zeta Amicae of Detroit
P.O. Box 351462
Detroit, Michigan 48235

OR EMAIL ITEMS TO: DETROITZETAAMICAE@GMAIL.COM
4. Upon receipt of a completed application package, the applicant will be contacted for an interview with the Scholarship Committee. If the application package is not fully completed, it will not be considered. A completed application package must include the following:

- ___ Neatly completed application
- ___ Official transcript
- ___ A video biographical statement OR a written autobiographical
- ___ Two (2) reference letters

If you have any questions or concerns regarding the application process, please email Ms. Heather Taylor at: detroitzetaamicae@gmail.com or call: 313-288-8589

*****Please note, scholarships are for young women graduating from high school or current undergraduate members of Zeta Phi Beta Sorority, Inc., Zeta Amicae *****



Zeta Amicae of Detroit

SCHOLARSHIP APPLICATION

(ALL INFORMATION WILL REMAIN CONFIDENTIAL)

Applicant's Name: _____

Permanent Address: _____

City, State, Zip: _____

Telephone number(s): Home: _____ Cell: _____

Email: _____

Date of Birth: _____ Age: _____

EDUCATIONAL INSTITUTION APPLICANT IS NOW ATTENDING

Institution name: _____

City, State, Zip: _____

Major/type of training: _____ Grade Point Average (GPA): _____

EDUCATIONAL INSTITUTION TO WHICH ENROLLMENT HAS BEEN ACCEPTED (OR CURRENTLY ATTENDING)

Institution's name: _____

City, State, Zip: _____

Course of study (major/minor): _____ Degree/Certification sought: _____

Expected completion date: _____

Academic classification (check one):

_____ College Freshman _____ College Senior _____ College Sophomore _____ College Junior _____ High School Senior _____ Other (Specify): _____

Applicant's Signature: _____ Date: _____

Parent's Signature (Legal Guardian): _____ Date: _____ (If applicant a minor)

COMPLETED APPLICATION PACKAGE MUST BE POSTMARKED BY: NOVEMBER 11, 2022

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