



**Zeta Phi Beta Sorority Incorporated
Tau Psi Zeta Chapter
Life Members**



***Triumphant Soror Mildred P. Butler
Scholarship Award Application***

Last Name: _____ First Name: _____
Date: _____ Chapter: _____

The women of Zeta Phi Beta Sorority, Inc., Tau Psi Zeta Life Members will award a scholarship to an eligible member of Zeta Phi Beta Sorority, Inc., pursuing any Advanced Degree (Masters or Doctorate) in memory of our triumphant life member, Soror Mildred P. Butler.

To be considered, the applicant must meet the following qualifications:

Qualifications:

- Must be an active, financial member of Zeta Phi Beta Sorority, currently holding membership within any chapter
- Must be pursuing any Advanced Degree (Masters or Doctorate) in an accredited program
- Must meet the GPA requirement: 3.0 minimum
- Must show community service involvement
- Must submit a brief bio and (non-returnable) headshot picture with application

Along with the application, please submit the following

- Must submit an official transcript directly from the school to the Scholarship Committee.
- Must submit two (2) letters of recommendations from:
 - Professor or Guidance Counselor
and
 - Minister or Community Leader or comparable person
that can attest to your leadership, community service and academic standing.

All applications **must** be completed, typewritten and **received** by February 25th.
Please forward application, transcripts and recommendations directly to:

**Zeta Phi Beta Sorority, Inc.
Tau Psi Zeta Chapter
TPZLifeMemberChair@gmail.com**

Note: The decision of the committee is final. Award recipient(s) will be announced publicly during our annual Finer Womanhood Luncheon.

Scholarship recipients may only receive the TPZ Life Member Scholarship one time.

Last Name _____ First Name _____

Current Address _____

City _____ State _____ Zip Code _____

Permanent Address
(if different from above) _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Day Phone _____ Cellular Telephone _____ Evening Phone _____

Initiating Chapter: _____ Current Chapter: _____

Initiation Date: _____ Current Position: _____

School attending: _____

Major: _____ Degree Seeking: _____

Online or Traditional: _____ Anticipated Graduation: _____

of hours earned: _____ # of hours remaining: _____

Current GPA: _____ List Earned Degrees: _____

List below your elected and appointed positions served **with** dates (list only committees chaired):

List below your activities, leadership positions, honors, and awards **with** dates:

Last Name _____ First Name _____

Community Activities: _____

Leadership Skills: _____

Currently Employed: Yes _____ No _____ Retired? _____ If employed, complete the following:

Employer: _____

Current Job Title: _____

Address: _____

City, State, Zip Code: _____

I, _____, have truthfully completed all information in this application and understand that any falsifications or misrepresentations of any kind will immediately deem my application ineligible for receipt of the scholarship funds. If I receive this award, I agree to report my academic progress in writing for the applicable quarter/semester that I will receive the award. This information will be forwarded to the Scholarship Committee.

Applicant's Name _____ Date: _____

Applicant's Signature _____ Date: _____

Chapter President's Signature _____ Date: _____

