



**Zeta Phi Beta Sorority Incorporated
Tau Psi Zeta Chapter
Zeta Male Network**



Scholarship Award Application

Date: _____

Last Name: _____ First Name: _____

The Zeta Male Network an Auxiliary of Zeta Phi Beta Sorority, Inc., Tau Psi Zeta Chapter will award a male recipient who is pursuing a degree in an accredited institution of higher education.

Requirements:

- Must submit a completed typewritten application to the Zeta Male Network Scholarship Committee;
- Must currently be a graduating **male** high school senior with plans to enroll in an accredited 4-year college or university to earn credits towards a degree;
- Must demonstrate a financial need;
- Must exhibit community service through participation in volunteer work or other activities;
- Must have a C+ or better Cumulative Grade Point Average (2.5/4.0 scale);
- Must submit a **brief biography** and a (non-returnable) **professional headshot picture**;
- Must submit an official **sealed** transcript from the school; and
- Must submit two (2) letters of recommendation from a Teacher, Counselor, High School Principal, Church Official, Community Leader and/ or Employer that can attest to the applicant's commitment to education, leadership, and community service.

All applications **must** be typed and signed by the applicant. No handwritten applications will be accepted. All applications and required documentation should be **postmarked no later than February 1, 2025**. Please mail application, transcripts, recommendations, and professional headshot picture directly to:

**Zeta Phi Beta Sorority, Inc.
Tau Psi Zeta Chapter
Attn: ZMN Scholarship Committee
12003 S. Pulaski Road #106
Alsip, IL 60803**

Note: The decision of the committee is final. Award recipients will be notified by e-mail of the decision by February 13, 2025. Scholarship recipients may only receive the scholarship one time. The winner(s) will be announced publicly during our Annual Finer Womanhood Scholarship and Awards Brunch on March 8, 2025.

Any questions, please inquire at tpzzetamale@gmail.com

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 _____

Current High School: _____

Major/Area of Study: _____ Degree/Certificate Seeking: _____

Online or Traditional: _____ Anticipated Graduation Date: _____

Of Credits Earned: _____ # Of Credits Remaining: _____

Current GPA: _____ College Attending in the Fall: _____

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

List a financial need/hardship for applying for the Scholarship:

Last Name _____ First Name _____

Community Activities: _____

Leadership Positions/Skills: _____

Currently Employed: Yes _____ No _____ 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: _____

