

**EDUCATIONAL & CHARITABLE FOUNDATION  
ETA PHI BETA SORORITY, INCORPORATED, \_\_\_\_\_**



**APPLICATION FOR SCHOLARSHIP  
FOR STUDENTS WITH SPECIAL NEEDS**

(Please type or print in ink when completing this application)

**PART I - PERSONAL DATA**

**NAME**

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

**PERMANENT  
ADDRESS**

\_\_\_\_\_  
Street Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**PHONE**

**EMAIL**

**BIRTHDATE (Month, Date, Year)**

**NAME OF PARENTS/GUARDIAN**

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Phone

**PART II - EDUCATIONAL DATA**

**High School/College/University Attended:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
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 the  
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 experience outside of  
school \_\_\_\_\_

### PART V - SPECIAL NEEDS

This scholarship is specifically designed to provide an award for students with an intellectually or learning disability. Signed documentation verifying the presence of an intellectually or learning disability is required in order to be eligible for this scholarship

### PART VI - REQUIREMENTS

Submit the following:

- A. Official copy of High School or College-transcript verifying an unweighted GPA of 2.0 or higher.
- 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, professional person, or employer (list name, address and occupation below).

_____ Name	_____ Email Address	_____ Phone
_____ Name	_____ Email Address	_____ Phone

- C. Signed parental consent form verifying the presence of an intellectual or learning disability.
- D. A 3x5 inch photo to be used in Sorority and media publications.
- E. A typed paragraph (100-150 words) regarding future educational goals and objectives and how this scholarship will help to support those goals.

Chapter \_\_\_\_\_ Date \_\_\_\_\_  
President \_\_\_\_\_  
Chapter \_\_\_\_\_ Region \_\_\_\_\_

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

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 the \_\_\_\_\_ of Eta Phi Beta Sorority, Incorporated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date