

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
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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

- 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**