

ZETA PHI BETA SORORITY, INC.
PRINCE GEORGE'S COUNTY GRADUATE CHAPTER



2019 ALICE G.S. BARNES SCHOLARSHIP
AWARD APPLICATION



DEADLINE: March 18, 2019

****If applicant is applying for both Georgie F. Raby Scholarship and Alice G.S. Barnes Scholarship please only fill out the Raby Scholarship form and check space on the last page of that application.****

2019 ALICE G.S. BARNES APPLICATION

The applicant must meet the following criteria in order to be eligible for a scholarship:

- 1) Applicant must be a resident of Prince George's County, Maryland.
- 2) Applicant must attend a Prince George's County public, private, charter, or parochial high school.
- 3) Applicant must be a high school senior graduating in 2019.
- 4) Applicant must have a **minimum 3.00 cumulative grade point average** on a 4.0 scale, or a **minimum 4.00 cumulative grade point average** on a 5.0 scale.
- 5) Plan to enter an accredited four-year university or college as a full-time freshman in the Fall of 2019.

The following documents MUST be attached to your completed application form:

A. Official High School Transcript.

The transcript must:

- 1) cite the cumulative grade point average,
- 2) be signed by a school official,
- 3) be stamped with the official school seal, and
- 4) be in a separate sealed envelope (within the application package) and mailed to the address on page 3.

***NOTE: Schools should provide an explanation of grading system on official school if not following 4.0 grading scale.**

B. Test Scores.

- 1) Only official ACT and/or SAT scores will be accepted.
- 2) The scores must be in an envelope sealed by a school official, with the official's signature or the school stamp across the sealed portion of the envelope.
- 3) Online score reports printed from the websites will not be accepted.

C. Recommendations.

School Recommendation.

- 1) Submit one signed letter of recommendation from your current high school principal, counselor, or major academic teacher/advisor (2018-2019 academic year) highlighting academic achievement.
 - a. The letter must be on the high school's official letterhead and include an original signature from one of the above and written specifically for this scholarship.

Community Service Recommendation.

- 1) Submit one signed letter of recommendation from an organization verifying (2018-2019 academic year) community service involvement.
 - a. The letter must be on the organization's official letterhead and include an original signature and written specifically for this scholarship.

D. Essay.

A one-page essay detailing how your experience thus far has prepared you and how a scholarship from the Prince George's Graduate Chapter will help you achieve your future goals.

E. Resume.

Resume should include community service activities, i.e. school extracurricular activities, civic activities, church activities, volunteer service, honors and awards etc.

F. Photograph.

Include a recent photograph (*picture must be wallet size with applicant's name printed on back*). **NOTE: will not accept proofs, identification cards, or any altered/unprofessional pictures, to include social media photos.**

G. Signatures.

- 1) Scholarship application must be signed by the student and parent/guardian. All signatures must be original.
 - 2) Recommendations must be signed with original signatures
 - 3) Any missing signatures will deem the entire package invalid.
- **All Applications MUST be typed.**
 - **All Postmarks must be dated. Any packages received without a dated Postmark will be considered incomplete and will not be considered.**
 - **If any items are omitted, applications will be considered incomplete and will not be considered.**

****If applicant is applying for both Georgie F. Raby Scholarship and Alice G.S. Barnes Scholarship please only fill out the Raby Scholarship form and check space on the last page of that application.****

H. Recipient of Scholarship.

The recipient of the Scholarship will need to do the following upon notification:

1. Send a copy of the acceptance letter to the Prince George's County Chapter of Zeta Phi Beta Sorority.
2. Send contact information for the office of the Bursar or office the funds are to be paid to.
3. Send the student ID number to ensure funds are placed in the correct account.

****Please be advised that Scholarships will only be held for one year from the date of award unless there are extenuating circumstances. After one year, the scholarship will be forfeited. ****

APPLICATION DEADLINE:

All material **MUST** be postmarked by **March 18, 2019**. All information on this form is considered confidential and will not be shared outside.

If any items are omitted, applications will be considered incomplete and will be considered invalid.

Please direct all questions to the Scholarship Committee Chair via scholarship@zetaspcounty.org

All items contained in the package become the property of Zeta Phi Beta Sorority, Inc. Prince George's County Graduate Chapter.

MAIL COMPLETED APPLICATION PACKAGE TO:

Zeta Phi Beta Sorority, Inc.
Prince George's County Graduate Chapter
P.O. Box 1205
District Heights, MD 20747
ATTENTION: Scholarship Chairperson

APPLICATION PACKAGES MUST BE RECEIVED/POSTMARKED by MARCH 18, 2019

Application for High School Seniors

Please type: If more space is needed, please attach extra sheets.

Applicant Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Projected Graduation Date: _____

Current High School: _____

Current Cumulative Grade Point Average: _____

Number of siblings attending college other than applicant: _____

Number of siblings in the household: _____ age(s): _____

Mother/Female Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Preferred method to contact: Phone _____/Email _____

Father/Male Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Preferred method to contact: Phone _____/Email _____

To what extent do you need financial assistance? (Please be specific and add additional pages, if needed)

Have you received any other scholarships or grants? Yes _____ No _____

Provide source of other scholarships or grants _____

Total Amount of other scholarships or grants \$ _____

Name and location of the College/University you plan to attend:

First Choice: College/University _____

City/State _____

Second Choice: College/University _____

City/State _____

Intended

Major _____

Signatures:

Applicant:

(PRINT NAME) (SIGN) Date: _____

Parent/Guardian:

(PRINT NAME) (SIGN) Date: _____

(PRINT NAME) (SIGN) Date: _____