



Zeta Amicae of Rochester, New York

*Theta Alpha Zeta Chapter of
Zeta Phi Beta Sorority, Inc.*

Ophelia Smith Scholarship Application

POSTMARK DEADLINE: **Monday, February 24, 2025**

This scholarship recognizes academic, educational, volunteer, extracurricular activities, and any other special qualities the recipient may have.

THIS APPLICATION IS OPEN TO HIGH SCHOOL GRADUATING FEMALE STUDENTS.

Criteria for Selection:

- 1) Applicants must have a 2.5 or above cumulative GPA (Grade Point Average).
- 2) Applicant must submit:
 - a. Official high school transcript – Unopened with High School seal
 - b. College/University “Letter of Acceptance”
 - c. 2 letters of recommendation
 - d. An autobiography that includes how you learned about the Zeta Amicae Scholarship award
 - e. A copy of your high school photo ID
- 3) **Applicant must complete the attached form in its entirety, or it will not be considered.** Please be sure to sign and date the application and send it via regular mail, postmarked by **Monday, February 24, 2025** to:

**P.O. Box No.: 24632
Rochester, New York 14624**
- 4) Applicant will be interviewed and should present any awards they have at this time.
- 5) Recipients will be notified via e-mail.
- 6) Scholarship applications must be signed by the parent/guardian if the applicant is under the age of 18.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Employment

Student's Employer (Full/Part-time) (circle one):

Occupation: _____

Student's Annual Income: _____

Number of Sibling(s): _____ Age Range(s): _____

Are you Independent of parents? Yes No

Education: (Attach most recent TRANSCRIPT of grades from your current school)

High School (Name/Address/Phone Number)	Program of Study (Regents/Academic/Etc.)	Date of Graduation
School Expected to Attend	Major and Minor	Expected Date of Graduation

Academic and Community Activities You Participate in:

Activity	Description (Not any Leadership Position(s))	Years of Involvement	Hours Per Week	Weeks Per Year
1.				
2.				
3.				
4.				

Volunteer and/or Intern (Please add pages as needed)

Organization(s) (Including Church)	Description of Service or Work (Note any Leadership Position(s))	Years of Involvement	Hours Per Week	Hours Per Year
1.				
2.				
3.				
4.				

Honors and Awards (Please add additional pages as needed)

Honor/Award Name	Description (Include nature & level of competition)	Honor or Award Type	Date Received (Month/Year)

Letters of Reference

Name of Reference	Telephone Number	E-Mail Address
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	()	
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Are you related to a member of Zeta Phi Beta Sorority, Inc. – Theta Alpha Zeta Chapter, or Zeta Amicae of Rochester? Yes No

If so, please give relative's name(s) and address:

NAME THREE (3) COLLEGES YOU ARE CONSIDERING:

(Name) **(Location)**

(Name) **(Location)**

(Name) **(Location)**

Have you been accepted into any college(s)? Please list college below:

1. _____

2. _____

3. _____

What will be your student status upon entering college? FULL-TIME/PART-TIME

(Circle One)

Will you reside on campus? Yes No

FINANCIAL INFORMATION

Expense/Resources should be those you anticipate during a nine (9) month period only. Assistance requested for the summer session should be applied for separately.

A. Expenses:

Tuition and Lab Fees \$ _____

Room and Board \$ _____

Other \$ _____

Estimated Total Expenses \$ _____

B. Resources:

Applicants Savings \$ _____

Loans (State Sources) \$ _____

_____ \$ _____

_____ \$ _____

Grants (Pell/TAP/Liberty) \$ _____

Vocational Rehabilitation \$ _____

Have you applied for or received any other monies? Yes No

If yes, what amount? \$ _____

Estimated Total Resources \$ _____

AUTOBIOGRAPHY

Please submit a typed autobiography. Your autobiography may include your family background, education, church activities, career goals, areas of personal interest, why you should receive this award, and/or, your philosophy on life.

PHOTO RELEASE: I give permission to Zeta Amicae of Rochester to use photos taken of my daughter/self, participating in Zeta Amicae of Rochester activities.

The undersigned confirms that the information on this application is true and realizes any deliberate falsification in the information she has submitted is immediate cause for her application to be voided.

Signature of Applicant **(INK Only)**

Date of Signature

Parent/Guardian Signature
(if applicant is under the age of 18) **(INK Only)**

Date of Signature

REMINDER: Please review the criteria for selection and make sure ALL requirements have been met!

RETURN YOUR COMPLETED SCHOLARSHIP APPLICATION NO LATER THAN

Postmark Deadline: Monday, February 24, 2025

All materials must be submitted as one package, at the same time, in one mailing. NO FAXES ACCEPTED.

*If applicant has any questions, please call the Scholarship Committee:
Elaine Stephens: (585) 414-6931 or Precious Fontenette: (585) 594-1204*

PLEASE MAIL TO:

Zeta Amicae of Rochester, New York
PO Box No.: 24632
Rochester, New York 14624

FOR ADMINISTRATIVE USE ONLY:

Postmark Date: _____ / Application Complete: _____ Yes No

ES/MF/2024