



2023 POWER OF THE WORD SCHOLARSHIP



Scholarship Application Packet

"Education is the most powerful weapon which you can use to change the world."

~Nelson Mandela



Zeta Phi Beta Sorority, Incorporated

Zeta Phi Beta Sorority, Incorporated was founded January 16, 1920, on the campus of Howard University by five illustrious women. These women were dedicated to the principles of scholarship, service, sisterly love, and finer womanhood. These women shared the simple belief that sorority elitism and socializing should not overshadow the real mission for progressive organizations – to address societal ills, prejudices, poverty, and health concerns of the day. Since its inception, the Sorority has chronicled a number of firsts: Zeta Phi Beta was the first Greek-letter organization to charter a chapter in Africa; to form adult and youth auxiliary groups; to centralize its operations in a national headquarters; and to be constitutionally bound to a fraternity, Phi Beta Sigma Fraternity, Incorporated. Zeta’s national and local programs include endowment of its National Educational Foundation, community outreach services, and support of multiple affiliate organizations.



Sigma Omega Zeta Chapter History

Sigma Omega Zeta chapter was chartered in March 14, 2003 by 12 distinguished members of Zeta Phi Beta Sorority, Inc. In the quest of establishing the chapter, one of the chapter's goals was to establish and sponsor an undergraduate chapter. In this endeavor, Sigma Omega Zeta was instrumental in helping the Sorors of Iota Sigma chapter on Clayton State University's campus get their start. Sigma Omega Zeta participates annually in the March of Dimes' March for Babies® and the Zeta's Stork's Nest, as well as other community service events. The Power of the Word Scholarship, started by Soror Sibongile Lynch, has been providing scholarships to deserving students for 10 years, and continue to uphold the principles of Zeta: Finer Womanhood, Service, Sisterly Love, and Scholarship.



ZETA PHI BETA SORORITY, INCORPORATED
Sigma Omega Zeta Chapter
2023 Scholarship Program Overview

Dear Applicant:

Zeta Phi Beta Sorority, Inc., Sigma Omega Zeta Chapter is committed to helping young people succeed academically. This includes ensuring that students have access to the financial resources they need to obtain a college education.

To apply for and receive the Power of the Word Scholarship offered by the Sigma Omega Zeta Chapter Scholarship Program, you must:

1. Currently be a female high school senior attending a public, private, charter, or parochial high school in Clayton or Henry County. If you are a child of a member of the Sigma Omega Zeta Chapter of Zeta Phi Beta Sorority, Inc., please fill out the legacy portion of the application. (Contact 2ndvpsigmaomegazeta@gmail.com if you have questions regarding this rule.)
2. Maintain high school enrollment within Clayton County or Henry County.
3. Have an overall grade point average of at least 2.7 (based on a 4.0 non-weighted scale).
4. Intend to enroll in a full-time program at an accredited college, university, or institution of equivalent accreditation during the 2022-2023 academic year.
5. Submit an application by email before May 1, 2023, signed by you and your parent/guardian and include:
 - Completed scholarship application form, including photo/headshot
 - Attach an official or unofficial high school transcript
 - Two Letters of Recommendation (see checklist for details)
 - A copy of the college or university acceptance letter
 - Zeta Phi Beta, Inc. media release with parent/guardian's signature
6. Submit an official sealed transcript, postmarked by May 1, 2023, to:
Sigma Omega Zeta Chapter
ATTN Scholarship Committee
P.O. Box 454
Rex, GA 30273



ZETA PHI BETA SORORITY, INCORPORATED
Sigma Omega Zeta Chapter
2023 Scholarship Application

Scholarship Application Checklist

Use this checklist to make sure that you have submitted all required materials to receive consideration for the scholarship selected. Incomplete applications will **not** be considered. Your application **must** include the following documents:

- A computer generated application – no handwritten application will be accepted (pages 1-4)
- Your signature at the end of the application (pages 5-6)
- Your parent or guardian's signature at the end of the application (page 6)
- Also include headshot/photo (no larger than 4x6) with application. Media Release and Photography Form signed by a parent or guardian (page 7)
- Attach a copy of an official or unofficial transcript to application
- An **official, signed** high school transcript in a separate sealed envelope must be mailed to PO Box 454, Rex, GA 30273
- Two (2) letters of recommendation from any of the following persons (no more than one per category) dated no earlier than August 8, 2022
 - High School Teacher
 - High School Counselor
 - High School Principal
 - Community Leader
 - Minister
 - Organizational Sponsor
 - Volunteer Coordinator
 - Employer

All letters must include the contact information of the person providing the recommendation and must be signed in ink. Recommendations from family members in the categories above will not be accepted. It is suggested that you ask the people who are writing your recommendations to comment upon: (1) the length of time they have known you; (2) your personal qualities, character, leadership abilities, and/or any special attributes; and (3) why they believe you have the perseverance to succeed at the college/ university level. Letters can be emailed with application name to Scholarship Committee (see below.) A one-page essay topical essay (500 words or less. font size, 12 Times New Roman font, double-spaced)

Handwritten applications will not be reviewed.

Hand delivered applications WILL NOT be accepted

Email Completed Application to:

2ndvpsigmaomegazeta@gmail.com

ATTN: Trina E. Williams, Second Vice President

Zeta Phi Beta Sorority, Inc. Sigma Omega Zeta Chapter

ALL APPLICATIONS MUST BE EMAILED BY May 1, 2023

Official Transcripts must be postmarked by May 1, 2023



ZETA PHI BETA SORORITY, INCORPORATED
Sigma Omega Zeta Chapter
2023 Scholarship Application

Directions: Provide all information requested below.

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I. Applicant Information

First Name		Middle Name	Last Name		Gender
Street Address					
City			State	Zip	
Home Phone	Cell Phone		E-mail Address		
Date of Birth (Month/Day/Year)			Place of Birth (City and State)		
High School					
High School Attending			Grade	Overall GPA	
Counselor Email/Name		City	State	Zip	
College/University and Major					
Preferred College/University			Location (City and State)		
Intended Major/Field of Study			Intended Minor/Field of Study		

II. Legacy Application (If Applicable)

If your parent or guardian is an active and financial member of Sigma Omega Zeta chapter, please fill out the following portion of the application.

Name of Mother/Guardian		
School or Chapter Initiated	Year Initiated	Are you currently active and financial? YES NO



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III. Parent/Guardian Information

Name of Mother/Guardian			
Mother/Guardian's Address (if different from applicant's)	City	State	Zip
Mother's Work Phone	Mother's Home/Cell Phone		
Mother's Occupation	Mother's Employer		
Name of Father/Guardian			
Father/Guardian's Address (if different from applicant's)	City	State	Zip
Father's Work Phone	Father's Home/Cell Phone		
Father's Occupation	Father's Employer		

IV. Honors and Awards (e.g., academic, athletic, community, and/or school awards)

Award	Source of Award	Reason(s) for Award
1.		
2.		
3.		
4.		
5.		

V. Extra-Curricular/Community Service Activities (e.g., school, religious, social groups)

Name of Group/Activity	Grade (Check boxes that apply.)				Leadership Position(s) Held
	9	10	11	12	
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VI. Hobbies and Interest (e.g., art, painting, photography, etc.)

Name of Activity	Grade (Check boxes that apply.)			
	9	10	11	12
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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VII. Colleges and Universities

Name of School to Which You Applied	City/State	Status of Application
1.		
2.		
3.		
4.		
5.		
6.		

VIII. Financial Awards and Scholarships

Scholarship, Loan, Grant, or Award For Which You Applied	Awarding Organization	Amount Awarded
1.		
2.		
3.		
4.		
5.		
Total Amount Awarded (Received)		

IX. Work/Volunteer Experience

Employer/Organization	Dates of Employment/Service	Position Held
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



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X. ESSAY TOPIC: What does "The Power of the Word" mean to you?

NOTE: Essay should be 500 words or less. You may use the space below or submit attach a typed document. Separately typed documents should be in Times New Roman font, size 12, and double spaced.



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SCHOLARSHIP RECOMMENDATION FORM

(Please type or print legibly)

Recommender's Name: _____

Applicant's Name: _____

This applicant has applied for a Zeta Phi Beta Sorority, Incorporated Sigma Omega Zeta Chapter scholarship. Please provide a letter of recommendation regarding this student's character, attitude, community involvement or any other pertinent information you wish to include. ***(This page can be photocopied for more than one reference. If using an existing recommendation, it may be attached to this form)***



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We hereby certify that the information provided in this application is accurate. We understand this application packet will be kept confidential. All materials submitted become the final property of the Sigma Omega Zeta Chapter of Zeta Phi Beta Sorority, Inc. for the purposes of the scholarship application review. Please include headshot/photo (no larger than 4x6) to application as well.

Signature of Applicant

Date

Signature of Applicant's Parent or Guardian

Date



ZETA PHI BETA SORORITY, INCORPORATED AND AUXILIARIES

PHOTO RELEASE FORM

Chapter/Auxiliary Name Sigma Omega Zeta Chapter

City, State, Zip P.O. Box 454 Rex, Georgia 30273

Activity Subject Power of the Word Scholarship

Activity Location Virtual/Internet

In consideration of my participation in the activity described above, I agree to this Photo Release Form. I grant Zeta Phi Beta Sorority, Incorporated (the "Sorority"), and its volunteers, employees, agents, representatives, and licensees permission to copy, edit, publish and otherwise use my name, image and likeness, with or without my name, including for marketing purposes or for any other lawful purpose, in any publication and in any medium, including, by way of example and not limitation, posting a photo of me from the activity on a social media web site, (collectively, "Reproduction") without further consideration. I assign to the Sorority all right, title, and interest in and to all such Reproductions as well as the unencumbered right to exercise such rights in all media and by any means now known or hereafter created, throughout the world, in perpetuity.

I hereby hold harmless and release and forever discharge the Sorority and its volunteers, employees, agents, representatives, and licensees, from all claims, demands, and causes of action which I or the undersigned or any respective heirs, executors, administrators, or assigns have or may have resulting by reason of this Photo Release Form.

I HAVE READ THIS PHOTO RELEASE FORM BEFORE SIGNING BELOW AND I FULLY UNDERSTAND THE CONTENTS, MEANING, AND IMPACT OF THIS PHOTO RELEASE FORM:

(Signature)

(Date)

(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:
I hereby certify that I am a parent or guardian of _____, named above,
and hereby agree to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)