



**Zeta Phi Beta Sorority, Inc.**  
**Sigma Omicron Zeta Chapter**  
**PO Box 1114**  
**Snellville, GA 30078**  
**Email: sozscholarship@gmail.com**

# **Beyond the Spectrum Scholarship Application**

## **PART I - PERSONAL INFORMATION AND REFERENCES**

| <b>Applicant Information</b>   |                 |                  |         |
|--|-----------------|------------------|---------|
| First Name:  | Middle Initial: | Last Name:       |         |
| Date of Birth:   |                 | Home/Cell Phone: |         |
| Permanent Address:   |                 |                  |         |
| City:  | State:          | Zip:             | County: |
| Email Address:   |                 |                  |         |
| School Name:   |                 | Street Address:  |         |
| City:  | State:          | Zip:             |         |
| Expected High School Graduation:   |                 |                  |         |
| <b>References</b>  |                 |                  |         |
| <i>Attach two letters of recommendation from a high school faculty member, counselor, support/community center, church official, or employer.</i>                  |                 |                  |         |
| <b>Letters must be signed by the individual writing the letter and should clearly indicate positive and specific examples of the student's goal and character.</b> |                 |                  |         |
| <b>Reference 1</b>   |                 |                  |         |
| Name:  |                 |                  |         |
| Phone number:  |                 |                  |         |
| Email Address:   |                 |                  |         |
| <b>Reference 2</b>   |                 |                  |         |
| Name:  |                 |                  |         |
| Phone number:  |                 |                  |         |
| Email Address:   |                 |                  |         |



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## **Beyond the Spectrum Scholarship Application**

Name:

### **PART II - LETTER/VERIFICATION OF AUTISM SPECTRUM DISORDER (ASD) DIAGNOSIS**

Please provide proof of an ASD diagnosis (examples include a verification letter from a doctor, teacher, or support/community center).



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Name:

### **PART III - WRITTEN OR RECORDED PERSONAL STATEMENT**

Please answer the question: "What makes you unique?" You may use the space provided below, or submit a video recording of your response.



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### **PART IV- TRANSCRIPT**

Please mail an official copy of your high school transcript to the address above.

### **PART V-ELIGIBILITY REMINDERS**

The scholarship is limited to any person in Gwinnett County, GA that is a high school senior and in good standing. The recipient's permanent home address must reside in Gwinnett County, GA.

Students must have an Autism Spectrum Disorder and are planning to attend a post-secondary program or institution beginning in the fall of the year of submission. Applicants must meet all of the eligibility requirements and deadlines to qualify.

The scholarship award will be \$500 and should be applied toward tuition or school/program-related expenses. Awards will be mailed from the Sigma Omicron Zeta Chapter and made payable to the student upon successful verification of enrollment.

**I certify that I have read and understand the guidelines contained herein. I attest that all information I have provided in this application is true.**

**Scholarship Applicant Name (Printed)**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Scholarship Applicant Signature**