



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

## Pearls of Excellence Scholarship Application

### PART I- PERSONAL INFORMATION AND REFERENCES

Applicant Information			
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:
GPA:	Expected Graduation	GED	Expected Completion
References			
<i>Recommendation from a high school/college faculty, counselor, community center, church official, or employer. Please have letters sent directly to sozscholarship@gmail.com.</i>			
<b>Letters must be signed by the individual writing the letter and should clearly indicate positive and specific examples of the student's academic ability 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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Name:

### **PART II – COMMUNITY SERVICE, CLUBS/ORGANIZATIONS, AWARDS/HONORS, TALENTS**

List your community service, clubs/organizations, awards/honors, and special talents below. Please provide the date(s), organization, and description.



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### **PART III- ESSAY QUESTION**

Please answer **ONE** of the following essay questions in the space provided below, detailed response required.

**1. Tell us a time in your life where you demonstrated leadership and overcame obstacles either through your school, social, or family life.**

**OR**

**2. If you could meet with any person, living or dead, for an hour, who would it be and what would you say to them?**



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### **PART IV- TRANSCRIPT OR GED CERTIFICATE**

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

### **PART V- Eligibility Reminders**

The scholarship is limited to any female Gwinnett County, GA High School Senior or High School GED candidates who are in good standing. The recipient's permanent home address must reside in Gwinnett County, GA. All required application items must be sent in full in order to be reviewed for the scholarship.

Students must maintain full-time status at an accredited, post-secondary institution beginning in the fall of the year of submission. Applicants must meet all of the eligibility requirements and deadlines to qualify.

We will accept all portions of your application while waiting for the completion of your first semester of your senior year.

Scholarship awards will be \$1000 and should be applied towards book and school-related expenses. Upon receipt of your final official high school transcript and first semester class schedule a check will be released directly to your institution.

Community service or school participation and ability to succeed are the primary factors considered, although none are a determining factor. Students in vocational education programs are strongly encouraged to apply.

Please reach out to us directly with any questions or concerns regarding your application.

**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)**

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

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