



Zetas of Charlotte Benevolent Foundation
Proudly Presents
The Sarah Scott-Schofield Scholarship



“Lending a Hand to Help Promote Success”

Sarah Scott Schofield was one of the charter members of the Delta Zeta Chapter of Zeta Phi Beta Sorority, Inc. Since the chartering of the chapter in 1934 and during her entire professional career as an educator, Mrs. Schofield worked faithfully and tirelessly to help young people succeed in school. In loving memory of her and her efforts, the members of this organization proudly continue to uphold her legacy.

CRITERIA FOR SELECTION

1. Applicant is required to list other financial aid that has been applied for and/or received.
2. Applicant must possess a 2.5 or above cumulative Grade Point Average (GPA) unweighted.
3. Applicant must attend a school in Mecklenburg County.
4. Applicant must submit an official high school transcript and a letter of acceptance from a 4-Year college/university.
5. Applicant must submit three (3) letters of recommendation. At least one of the recommendations must come from a community leader, a school professional and the applicant’s choice.
6. Applicant must submit a current, professional-looking picture that contains only the applicant.
7. Application must be postmarked by **April 16, 2018** in order to be considered.
8. Applicant(s) selected to receive the scholarship(s) will be chosen by **May 1, 2018**, and recipient name(s) will be posted on the Zetas of Charlotte website www.zetasofcharlotte.org.
9. Monies received from the scholarship will be mailed directly to the scholarship recipient(s) upon receipt of required documentation of enrollment.
10. Scholarship will be a one-time payment to the recipient(s).
11. Applicant must complete the attached form in its entirety. Please be sure the applicant and a parent signs and date the application. Submit the application by regular mail to the address below. Transcripts, letters of acceptance and letters of recommendation, etc., must accompany the application. ***Incomplete applications will not be considered.***

Please mail all applications to the address listed below:

**Sarah Scott Schofield Scholarship ~ Zetas of Charlotte Benevolent Foundation
Post Office Box 16342, Charlotte, NC 28297**

Compliance Agreement

If I receive this scholarship, I agree to:

1. Submit documentation of college/university enrollment for the fall semester.
2. Provide accurate, personal contact information during my **first semester** freshman year.

Applicant’s Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



SARAH SCOTT SCHOFIELD SCHOLARSHIP APPLICATION

Please print in **black** or **blue** ink or type. If more space is needed, please attach extra sheets.

APPLICANT INFORMATION

Name

Last	First	Middle
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Home Address

House/Apartment Number	Street	PO Box
City	State	Zip Code

Contact Information

Home Phone Number	Cell Phone Number	E-mail Address
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Date of Birth

Month	Date	Year
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High School Information

High School Attending	Grade Point Average	Expected Graduation Date
Date of Senior Awards Program	Name & Telephone Number of Guidance Counselor	

Academic & Community/Service-Oriented Activities

Organization	Position

Honors & Awards Received



FINANCIAL INFORMATION

Please check all boxes that apply to you:

<input type="checkbox"/>	Single parent household
<input type="checkbox"/>	Family size over 5
<input type="checkbox"/>	Receives financial assistance
<input type="checkbox"/>	Receives free or reduced lunch
<input type="checkbox"/>	Family hardship (Please provide a statement about any family hardships)

Parent/Guardian Information

Parent's/ Guardian's Name(s):	
Number of Dependents:	
Number of college students in household:	
Household Income:	

Explain Family Hardships (*attach an additional page if needed*):

Please list any Financial Aid or Scholarships you have been approved to receive:

UNIVERSITY/COLLEGE INFORMATION

Please provide the name(s) of the college/university to which you have been accepted.

Name	Address
Expected Major:	

ESSAY

Write a 350 word essay on the following topic (typed, size 12, Times New Roman or Arial font).

What two major issues do you see in your community? What can community leaders, schools officials, or community organizations do to help address the issues? What can you do to address the issues?

RECOMMENDATIONS

Three (3) letters of Recommendation must accompany this application.

- One (1) must be from a school professional (teacher, counselor, administrator, librarian, school sponsor, etc.)
- One (1) must be from a community leader
- One (1) is based on the applicant's choice



ACKNOWLEDGEMENT

Please sign acknowledging that the information provided is accurate.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____