

Pearls of Hope Foundation
in Partnership with
Zeta Phi Beta Sorority, Inc.
Lambda Rho Zeta Chapter
Pontiac, MI



**2019 HIGH SCHOOL
Finer Womanhood
Scholarship Application**

PO Box 430116 Pontiac, MI 48343-0116

Finer Womanhood Scholarship

Criteria for Scholarship

1. Must be a graduating senior in an Oakland County area high school and a resident of Oakland County
Or a graduating senior and an active member of the Lambda Rho Zeta Archonette Club, or a graduating Senior whose mother is an active member of Lambda Rho Zeta chapter or the Pontiac Amicae auxiliary.
2. Must provide proof of acceptance to an accredited two (2) year or (4) year college/university.
3. Must have at least a 2.5 cumulative grade point average (GPA).
4. Must provide a completed application accompanied by:
 - a. An official school transcript (Sealed)
 - b. A detailed written statement of financial need. Use the attached form.
 - c. Two (2) Letters of Reference
5. Must be in pursuit of an undergraduate/associate degree.
6. Submit a typed essay of at least 300 words on the following topic. Use the attached form.

“What is the most pressing problem facing America today?”
7. If selected as a scholarship recipient, you and/or a parent/guardian must purchase two (2) tickets and attend the Finer Womanhood Luncheon on the first Saturday in June (June 01, 2019).
8. Applicants must meet **All** criteria and follow procedures for application to be considered.
9. Typed essays must be original work of applicant and on correct application form.
10. Applicants not meeting all of the requirements set forth, and or incomplete will not be considered.
11. Applicants meeting the criteria will be scheduled for a personal interview in April and/or May 2019.
12. Applicants selected for interviews are required to attend interviews **in person** during the interviewing dates established by the Committee.

Special Notices

1. Completed application must be post marked **NO LATER THAN** March 15, 2019. Applications post-marked after March 15, 2019 **will not** be accepted.
2. Applications must be mailed or delivered to:
Pearls of Hope Foundation
P.O. Box 430116
Pontiac, Michigan 48343-0116
3. Each selected recipient will be sent notification of acceptance.
4. No documents will be returned after submission.
5. For questions, contact: Ms. Tabatha McFarland, Scholarship Chairperson, at pohf@lambdarhozetaPontiac.org.

Finer Womanhood Scholarship
Application for High School Students

Personal Information

Full Name _____ Date of Birth _____

Telephone _____ Age _____

Mailing Address _____

Number and Street City State Zip Code

Permanent Address _____

Number and Street City State Zip Code

Email address _____

Family Information

Parent 1 Full Name _____ Address _____

Parent 1 Job Title _____ Place of Employment _____

Parent 2 Full Name _____ Address _____

Parent 2 Job Title _____ Place of Employment _____

Legal Guardian's Full Name _____ Address _____

Number of Siblings living in your household _____

Number of Siblings from your household currently attending College _____

If in College, where? _____

Personal Involvement

Church Affiliation _____

Civic, Community, Fraternal Membership _____

Leadership Positions (from above)

High School Information

Name of High School Attending _____

Address _____

Number and Street

City

State

Zip Code

Major Area of Study (Circle One)

College Preparatory

Business

General

Technical

Trade/Industry

Expected Date of Graduation _____ Cumulative GPA _____

College/Colleges that have accepted you _____

Which college/university are you planning to attend? _____

Planned Major _____ Career Goal _____

Extracurricular Activities (at High School) _____

Awards/Honors Received _____

Advisor's Signature/Verification _____

Work Experience

(Begin with the present or most recent place of employment.)

1. Employer _____ Your Position _____

Address _____

From _____ To _____ Hrs/Wk _____ Supervisor _____

2. Employer _____ Your Position _____

Address _____

From _____ To _____ Hrs/Wk _____ Supervisor _____

3. Employer _____ Your Position _____

Address _____

From _____ To _____ Hrs/Wk _____ Supervisor _____

High School Financial Information

1. What do you expect the total expense of your education will be next year? Include tuition, room and board, travel and books.

\$ _____

2. How much of this sum will be provided by parents?

\$ _____

3. How much of this sum have you received from other organizations? Name the group or organization. _____

\$ _____

4. How much of this sum have you received from any source of Financial Aid?

\$ _____

5. How much do you expect to receive in any source of Student Loans?

\$ _____

6. How much of this sum do you have?

Your source _____

\$ _____

7. What financial assistance do you need from Zeta Phi Beta Sorority?

\$ _____

Your Signature _____

Parents/Guardian's Signature _____

Date _____

Statement of Financial Need

(Use the space below to give a detailed **written** statement of why financial assistance is needed.)

POWER

Essay

(Submit a typed essay of at least 300 words on the following topic. Attach extra paper if needed.)

“What is the most pressing problem facing America today?”

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