application of:

Click here to enter text.

Last Name First Name MI

Click here to enter text.

Mailing Address

Click here to enter text.

City State Zip

Click here to enter text.

(Area Code) Telephone Number

PHI BETA SIGMA FRATERNITY INC.

ZETA CHI SIGMA CHAPTER

ZETA CHI SIGMA SCHOLARSHIP APPLICATION



Phi Beta Fraternity, Inc.

Zeta Chi Sigma Alumni Chapter

P.O. Box 6624

Capital Heights, Md 20791-6624

**Several one-time/one-year $1,000.00 scholarships are available.**

**Eligibility Criteria for Applicants for the one-time/one-year $1,000.00 scholarship:**

1. Must be a Prince George’s County Maryland Public High School senior graduating in 2025.
2. Must have a minimum 3.0 cumulative grade point average (GPA) on a 4.0 scale

C. Must have record of community service.

D. Must be planning to attend an accredited college/university in the fall of

2025.

E. Must be a resident of Prince George’s County Maryland

**Deadline for submission of Application: MARCH 15, 2025**

**Mail the completed application package to :**

**Phi Beta Sigma Fraternity, Inc.**

**Zeta Chi Sigma Alumni Chapter**

**PO Box 6624**

**Capital Heights, Md 20791-6624**

**Attention: Scholarship Committee**

**Or Email to:** [**scholarship@pgcountysigmas.org**](mailto:scholarship@pgcountysigmas.org) **- Subject line: ZXS Chapter 2025 Scholarships**

**Point of Contact:** If there are questions concerning this application, please contact Donald Stancell, Zeta Chi Sigma Scholarship Team Leader, at **scholarship@pgcountysigmas.org**

**Application Requirements**

A. Completed application

1. High School Transcript

Please request one (1) copy of your PGCPS official transcript from: <https://pgcpsmd.scriborder.com/applicationCurrent>

Under "Documents Will Be Delivered To," provide the following address:  
Phi Beta Sigma Fraternity, Inc.  
Zeta Chi Sigma Alumni Chapter  
P.O. Box 6624  
Capital Heights, Md 20791-6624  
Attention: Scholarship Committee

The transcript must:

1) cite the cumulative grade point average,

2) be signed by a school official,

3) be stamped with the official school seal, and

4) be in a separate sealed envelope (within the application package)

**NOTE: Schools should provide an explanation of grading system on official school documentation/letterhead if not following 4.0 grading scale.**

1. Current photograph (picture must be wallet size with applicants name printed on back).
2. A minimum of two letters of recommendation. One from a professional

source (principal, department head, teacher, counselor; etc.) and one from a community service or job related supervisor (volunteer or work-related).

E. Proof of residency

F. Signed media waiver statement to use image and/or name for Phi Beta Sigma press releases and stories

G. A 300 to 500 Word Essay

**Method of Selection**

A. All applications will be reviewed by the Zeta Chi Sigma Chapter scholarship committee

B. Finalists may be interviewed by the committee

**Method of Scholarship Distribution**

Each scholarship winner will be notified directly by a representative of the Zeta Chi Sigma Chapter of Phi Beta Sigma Fraternity, Inc. Notification to the selected scholarship winner is anticipated by than May 15, 2025.

The applicant must do the following if notified that he/she has been selected for a scholarship:

1. Provide a copy of the acceptance letter from the college/university
2. Provide the name and address for the finance office to which the scholarship funds are to be paid
3. Provide the student ID number to insure that the funds are placed in the correct account.
4. Provide the deadline date that payment is due at the college/university.
5. Provide a desired schedule for payment of the award within the first and/or second semester.



**PHI BETA SIGMA FRATERNITY, INC.**

Zeta Chi Sigma Chapter

**Scholarship Application**

**Name** Click here to enter text.

Last First Middle

**Date of Birth** Click here to enter text.

**Address** Click here to enter text.

Street

Click here to enter text.

City State Zip Code

Click here to enter text. Click here to enter text.

Telephone Email Address

**Parent Information**

*Mother* Click here to enter text.

Last First Middle

*Address* Click here to enter text.

Street

Click here to enter text.

City State Zip Code

Career/Profession Click here to enter text.

*Father* Click here to enter text.

Last First Middle

*Address* Click here to enter text.

Street

Click here to enter text.

City State Zip Code

Career/Profession

Click here to enter text.

**High School Information**

*Name* Click here to enter text.

*Address* Click here to enter text.

*Telephone* Click here to enter text.

**G.P.A.** Click here to enter text. **Total Class**Click here to enter text.

Click here to enter text.

Confirmed By (Name, title, signature)

Name and location of the College/University you plan to attend:

**First Choice**: College/University Click here to enter text.

City/State Click here to enter text.

**Second Choice:** College/University Click here to enter text.

City/State Click here to enter text.

Intended Major\_\_\_\_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_

Please list any civic or community based organizational involvements and dates

Click here to enter text.

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Click here to enter text.

Please list any extra-curricular activities and dates of involvement

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Awards/Recognition and dates

Click here to enter text.

Click here to enter text.

Click here to enter text.

Essay: Attach a 300 to 500 word essay which addresses the following questions:

1. What is the importance of a post high school education?

2. What experiences or persons were instrumental in shaping you into the person you are today?

3. How will this scholarship benefit you?

Attach Photo

Please utilize the following checklist to ensure that you have completed the application in its entirety.

Completed application

Official Transcripts

Attached Essay

Verification of GPA

Two letters of recommendation

**CERTIFICATION, MEDIA RELEASE AND SIGNATURE**:

I, Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that knowingly giving false information may result in disqualification of my application. I certify that the statements I have made on this application are correct and complete to the best of my knowledge. I also grant permission for the Zeta Chi Sigma Chapter of Phi Beta Sigma Fraternity, Inc. to publish my name, picture, and amount of award in various publications, public affairs releases and various other press releases.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Print Name Parent/Guardian Print Name \*

\*(If applicant is under age 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Parent/Guardian Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_