



ZETA PHI BETA SORORITY, INCORPORATED
Psi Omega Zeta Chapter
P.O. Box 90496 | Rochester, New York 14609
Psi Omega Zeta Scholarship

HISTORY

Zeta Phi Beta Sorority, Incorporated, is a community-conscious, action-oriented organization established on January 16, 1920, in Washington, D.C. This non-profit organization, formed on the campus of Howard University, comprises 125,000 predominantly African-American women. The Sorority was founded on the principles of Scholarship, Community Service, Sisterly Love, and Finer Womanhood. Zeta Phi Beta is dedicated to fostering the continuous education of young people. For more information, please visit www.zphib1920.org.

PSI OMEGA ZETA CHAPTER

Psi Omega Zeta Chapter of Zeta Phi Beta Sorority Inc. was chartered in Rochester, NY, in June 2011 by 10 Prodigious women. Driven by the belief of “Taking Steps Towards a Brighter Future,” these trailblazers committed themselves to empowering, uplifting, and being agents of change for Rochester and the surrounding communities. Under the auspices of our sorority’s principles of Service, Scholarship, Sisterly Love, and Finer Womanhood, the women of Psi Omega Zeta Chapter continue to provide phenomenal service to the Rochester community.

SCHOLARSHIP INFORMATION

To honor our sorority’s principle of Scholarship, Psi Omega Zeta Chapter provides annual scholarships to graduating high school seniors accepted into higher education institutions. Recipients will be chosen based on their academic ability, performance, community involvement, extracurricular activities, leadership skills, and essay responses. This scholarship is NON-RENEWABLE.

APPLICANT CRITERIA

- Be a female who is currently a high school senior and has excelled academically.
- Plan to enroll in an accredited college or university during the 2025-2026 academic year.
- Maintain a cumulative GPA of 2.5 or higher by the application deadline.
- Must be involved in community service and/or organized campus activities.
- Demonstrate being a responsible, positive, self-disciplined, and respectful individual who is interested in service to the community.
- Must be a resident of Monroe County or within 10 miles of the surrounding county.

APPLICATION PROCESS

To apply, please complete the scholarship application in full. Please provide:

- An **OFFICIAL** copy of the high school transcript
- A completed essay (500-800 words)
- One professional photo (passport or wallet size only)
- Three (3) letters of reference that meet the following criteria:
 - A letter from a counselor or current teacher evaluating your overall academic performance.
 - Two letters from an employer, former teacher, community leader, minister, or mentor that speak to your character.
 - Please note that reference letters must be sent directly to:

Zeta Phi Beta Sorority, Inc., Psi Omega Zeta Chapter
P.O. Box 90496 Rochester, NY 14609
Attn: Scholarship Committee

- The deadline to submit the application is Friday, December 19, 2025.
- Once we receive your application and its contents, you will get an email confirming receipt. Incomplete or late applications will be disqualified immediately.
- Applicants may be required to attend a formal interview with the Psi Omega Zeta Chapter's Scholarship Committee to be considered.
- Recipients will be notified and chosen by Friday, February 13, 2026.
- Recipients will receive their awards in person in April 2026. If they cannot attend, the committee may allow a 1 to 3-minute acceptance video to be submitted in their absence to receive the scholarship.
- Award recipients must provide proof of acceptance and enrollment at an accredited institution of higher education in the United States. The number and amount of awards are determined solely by Zeta Phi Beta Sorority, Inc., Psi Omega Zeta Chapter. Funds will be awarded and sent either by mail or via Zelle directly to the recipient.

Please print clearly using black or blue ink or type your responses. Please review the essay requirements in the packet instructions carefully before submitting your application.

Make a copy of the application for your records. If you have any questions or concerns about this application or the process, please contact Ms. Carlet Cleare at 2ndvicepresident.psiomegazeta@gmail.com.

You can also complete the application electronically here.

I. PERSONAL INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email address: _____

II. ACADEMIC PROFILE

Current High School: _____ Graduation Date: _____

Cumulative Grade Point Average (GPA): _____ SAT Scores & Date: _____

Name of Academic Awards/Honors	Received Month/Year	Grade Level

Please note the name and relationship if you are related to a member of:

Zeta Phi Beta Sorority, Inc. Name: _____ Relationship: _____

Zeta Amicae Name: _____ Relationship: _____

Zeta Archonette Name: _____ Relationship: _____

Phi Beta Sigma Fraternity, Inc. Name: _____ Relationship: _____

Another Divine 9 Organization Name: _____ Relationship: _____

III. COMMUNITY SERVICE/ACTIVITIES

List the extracurricular activities (sports, community and/or volunteer services, employment) in which you have participated in. Begin with the most current or recent activity.

Activity/Community or Volunteer Services	Leadership Role/Position Held	List any Special Community Awards or Recognition Received	High School Year Participated?
			9 _____ 10 _____ 11 _____ 12 _____
			9 _____ 10 _____ 11 _____ 12 _____
			9 _____ 10 _____ 11 _____ 12 _____
			9 _____ 10 _____ 11 _____ 12 _____
			9 _____ 10 _____ 11 _____ 12 _____
			9 _____ 10 _____ 11 _____ 12 _____

IV. COLLEGIATE GOALS

List all the colleges or universities you've applied to in order of preference (i.e., 1st choice, 2nd choice, etc.) and specify if you've been accepted.

Name of College	Location (City, State)	Accepted?
1.		____ Yes ____ No
2.		____ Yes ____ No
3.		____ Yes ____ No
4.		____ Yes ____ No
5.		____ Yes ____ No

Intended major(s): 1. _____ 2. _____

Intended minor(s) (if applicable): 1. _____ 2. _____

V. FINANCIAL AID INFORMATION

Will you be applying for any other scholarships and/or fellowships?

____ Yes ____ No

Have you been awarded any other scholarships and/or fellowships from other Black Greek Lettered Organizations?

____ Yes ____ No

If yes, please list the organization's name: _____

COLLEGE EXPENSES 1st Choice College	AMOUNT
Tuition	
Room & Board	
Meal Plan	
Other	
Total (Estimated) Expenses	
B. RESOURCES	
Parents Contribution	
Applicant Savings	
Scholarship(s)	
Other Family	
Total (Estimated) Resources	
C. OTHER AID/LOANS	
Grants (PELL, T.A.P, Liberty Partnership, Excelsior)	
Veteran/ Military Benefit(s)	
Student Loans	
Other	
Total (Estimated) Other Aid/ Loans	

COLLEGE EXPENSES 2nd Choice College	AMOUNT
Tuition	
Room & Board	
Meal Plan	
Other	
Total (Estimated) Expenses	
B. RESOURCES	
Parents Contribution	
Applicant Savings	
Scholarship(s)	
Other Family	
Total (Estimated) Resources	
C. OTHER AID/LOANS	
Grants (PELL, T.A.P, Liberty Partnership, Excelsior)	
Veteran/ Military Benefit(s)	
Student Loans	
Other	
Total (Estimated) Other Aid/ Loans	

VI. INTERVIEW SCHEDULE

Part of the application process includes a panel interview with the Scholarship Committee. This interview may be scheduled in the evening during the week or on the weekend. Please check the slots below that could work for you.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Daytime Hours							
Evening Hours							

VII. REFERENCES

Please list the names of the three individuals from whom you have requested references in the table below. It is preferred that all reference letters be sent with your application. If they will be sent separately, please specify which individual will mail their letter individually.

Name	Title	Address	Phone	Will mail separately

VIII. ESSAY QUESTION

All essays should be between 500 and 800 words, double-spaced, and typed. Please choose one of the following questions to answer:

- How have you served as an agent of change in your community? What actions did you take, and how did they benefit the community?
- Describe a meaningful volunteer experience.
- Share a project you developed to change your community.

By signing this application, I affirm that the above statements contained within this application are accurate to the best of my knowledge and that the accompanying attachments are complete. I authorize/consent to Zeta Phi Beta Sorority, Incorporated, Psi Omega Zeta Chapter, to confirm my academic transcript and verify my current cumulative grade point average and graduation date.

Signature of Applicant: _____ Date: _____
Signature of Parent/Legal Guardian: _____ Date: _____