



# The Williams and Webb Health Sciences Scholarship APPLICATION 2019

**Zeta Phi Beta Sorority, Incorporated  
Omega Mu Zeta Chapter**

**Mail to:  
Ms. Trina Goodwin  
1459 George Street  
Plainfield, NJ 07062**

*Scholarship, Service, Sisterhood and Finer Womanhood*

**January 1, 2019**

Dear Applicant:

On behalf of Zeta Phi Beta Sorority, Inc., Omega Mu Zeta Chapter, we would like to congratulate you on this very important milestone in your life. The principles of Zeta Phi Beta Sorority, Inc are scholarship, service, sisterhood, and finer womanhood. We value education and scholarship dearly. The process of not only choosing a college, but also deciding how you would like to continue your education can most certainly be an overwhelming task. With this in mind, the Ladies of Omega Mu Zeta Chapter, are presenting you with an opportunity to apply for **The Williams & Webb Health Sciences Scholarship of \$1000** to be used towards tuition, books and supplies. The **Health Sciences Scholarship** is for those female applicants who are **majoring in Health Sciences** and **focus can include the following: Nursing, Dentistry, Pre-Med, Biology, Chemistry, Human Anatomy, Physiology, Pharmacology, Epidemiology, Public Health, Nutrition, and Health Care Management.**

**The Williams & Webb Health Sciences Scholarship** would like to offer **select graduating female seniors, attending a four (4) year college/university, who meet academic and leadership criteria a non-renewable academic scholarship.** A few of the qualifying criteria asks you, the student, to **attend school and reside in our service area of Middlesex County and/or have a parent who is member of Zeta Phi Beta Sorority, Omega Mu Zeta Chapter, and/or be a member of Omega Mu Zeta Youth Auxiliary.** You must have a **minimum grade point average (GPA) of 3.0, and demonstrate leadership through extra-curricular activities and community service.** Also, all scholarship winners **MUST** attend the **Scholarship Awards Ceremony on Saturday, June 29, 2019.**

The completed application along with the required documents must be **POSTMARKED NO LATER THAN Wednesday, May 1, 2019.** **Applications that are submitted late and/or incomplete will not be considered – NO EXCEPTIONS.** Please make sure that you have read and understand all of the guidelines of the scholarship application. Enclosed you will find the guidelines and application for our 2019 Scholarship. If you are chosen to receive one of the scholarships, your Guidance Counselor will be notified. An official letter from Zeta Phi Beta Sorority, Inc. Omega Mu Zeta Chapter will be sent to your current address. Only scholarship recipients will be notified. Again, congratulations on your decision to pursue higher education, and we pray you have much success in your future.

**Please read the guidelines and instructions carefully.** If you have any questions or need additional information, please do not hesitate to email Ms. Trina Goodwin, Scholarship and Educational Programs Committee Chair at [goodwintrina@hotmail.com](mailto:goodwintrina@hotmail.com).

Sincerely,

**Tylene Williams and Suffiyah Webb, Scholarship Sponsors**

**Trina Goodwin, Omega Mu Zeta Chapter Scholarship Committee Chairperson**

**Janelle Williams, Omega Mu Zeta Chapter President**



**ZETA PHI BETA SORORITY, INC. OMEGA MU ZETA CHAPTER  
GUIDELINES FOR 2019 ACADEMIC YEAR  
ANY APPLICATION NOT MEETING THESE GUIDELINES WILL BE DISQUALIFIED**

1. This scholarship is for a graduating female senior attending a four (4) year college/university, from high school in our service area of Middlesex County and/or the daughter of a Zeta Phi Beta Sorority, Inc - Omega Mu Zeta Chapter member and/or Omega Mu Zeta Youth Auxiliary member. **The Williams and Webb Health Sciences Scholarship of \$1000 to be used towards tuition, books and supplies. The Health Sciences Scholarship is for those female applicants who are majoring in Health Sciences and focus can include the following nursing, dentistry pre-med, biology, chemistry, human anatomy, physiology, pharmacology, epidemiology, public health, nutrition, and health care management.**
2. Only **completed applications** will be reviewed. If sections of the application are not applicable to you, please note it by answering “N/A.”
3. Please include your complete permanent mailing address, phone number and email address (*if applicable*) on the application.
4. Current headshot photo.
5. Submit **TWO (2)** letters of recommendation, **one from a non-relative (friend, neighbor, minister, etc.) and another from a current or recent administrator or teacher.** Letters must be current, dated, and include original signatures.
6. **Proof of Community Service** and **number of hours completed** (includes certified documentation from community organization ie. certified letter, certificate, or school transcript of service). **\*\*You cannot just list your hours, we need official proof\*\***
7. **Submit current transcript with official school stamp, embossed seal, or authorizing signature of school official. Transcript should include current GPA, Class Rank, and ACT/SAT score. Home-schooled students must have their transcripts and SAT/ACT scores verified by an authorized home school administrator.** (Signature/Position in school/administrator with phone # for verification.)
8. Submit current **2019** semester/cycle grades.
9. **Proof of acceptance** to a four (4) year college/university.

10. **Submit a typed personal essay between 500-750 words** which include **ALL** of the following:

- 1. Why should you be considered to receive the health sciences scholarship**
- 2. What have you done so far to benefit your community**
- 3. Your intended major in college, and how will you use your college education to benefit your community in the future**
- 4. Name at least one person and or event that has influenced you the most in your life and why**

11. **For High School Official Use Only** - Your guidance counselor/home school administrator must complete the section at the bottom of the application requesting GPA, rank, and SAT/ACT score information.

12. All recipients will be sent tickets to “Scholarship Awards Ceremony” event on **Saturday, June 29, 2019**. **You must attend the event in order to receive the scholarship. All scholarship winners who do not attend will forfeit their scholarship.**

13. The application must be **completed and postmarked** to the **Scholarship Committee Chairperson c/o Trina Goodwin – 1459 George Street, Plainfield, NJ 07062** no later than **Wednesday, May 1, 2019**. **All applications must contain all enclosures and be mailed in one packet only**. Applications that are submitted late will not be considered.

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#### **INTERNAL REVENUE SERVICE PUBLICATION 520**

A qualified scholarship is any amount you receive as a scholarship or fellowship grant that is used according to the condition of the grant for:

1. Tuition and fees required to enroll in, or to attend, an educational institution, or
2. Fees, books, supplies, and equipment that is required for the courses of instruction at the educational institution.

**SECTION I** – *Contact Information (please type)*

Students First Name: \_\_\_\_\_ Students Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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**SECTION II** – *High School Information*

High School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Counselor's Phone Number

**An official high school transcript must accompany this application.**

Please list any high school activities in which you have participated: \_\_\_\_\_

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Please list any awards and/or honors that you have received: \_\_\_\_\_

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**SECTION III** – Community Service

Please attach a list of all community service/volunteer activities in which you have participated, along with the number of hours and official proof of community service.

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**SECTION IV** – Hardship

If applicable, please explain any hardships (ex. financial, family circumstances, illness)

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**SECTION V** – Seal of Application

*I have fully read and understand the guidelines of this application. If for some reason I am not able to fulfill the request of participating with the “Scholarship Awards Ceremony” I will forfeit this scholarship.*

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*Student Signature*

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*Parent/ Guardian’s Signature*

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**For High School Official Use Only**

**Have your High School Guidance Counselor/Home School Administrator complete this section.**

GPA \_\_\_\_\_ # of Graduating Seniors \_\_\_\_\_ Rank \_\_\_\_\_ Highest SAT/ACT Score \_\_\_\_\_  
(GPA is computed on a \_\_\_\_\_ scale)

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School Official Print Name

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School Official Signature

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Title

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Date