

# Zeta Amicae of Syracuse

*Sponsored by Zeta Phi Beta Sorority, Incorporated - Kappa Xi Zeta Chapter*

*P.O. Box 6284, Syracuse, New York 13217*

## Scholarship Application

The Zeta Amicae of Syracuse, Auxiliary to the Kappa Xi Zeta Chapter of Zeta Phi Beta Sorority, Incorporated, will be awarding a Finer Friendz Scholarship. The aim is to support and empower young women in the community who have chosen the path of attending a community college, trade school, or vocational school.

This scholarship recognizes educational, community service, extracurricular activities, and any other special qualities the recipient may have.

### **Applicant Qualification Criteria for Selection:**

- A Graduating High School Senior
- A High School Graduate A GED Recipient

*Must be at least one of the following:*

Pursuing a 2-year degree as the highest form of matriculation  
Enrolled in one of the following types of accredited institutions:

- Vocational Technical School
- Trade School Two-year college

### **Applicant must submit**

- Official High School Transcript
- Must be sent directly from the school, if sent via mail
- Can be emailed directly from the school to [zetaamicaesyracuse@gmail.com](mailto:zetaamicaesyracuse@gmail.com)
- Acceptance letter from a 2-year college, vocation program, or trade school
- At least 2 letters of recommendations
- An autobiography that includes how you learned about the Zeta Amicae Scholarship (500 word minimum, typed)
- A valid photo ID.
- Applicant must complete the attached form in its entirety, or it will not be considered.

---

**Please be sure to sign and date the application and send via regular mail post marked by**

**February 10, 2026**

Zeta Phi Beta Sorority, Incorporated - Kappa Xi Zeta Chapter  
**ATTN: Zeta Amicae of Syracuse P.O. Box 6284 Syracuse, New York 13217**

Applicants will be interviewed and should present any financial awards they have received at this time. Scholarship recipients will be notified by email. Scholarship application must be signed by the parent/guardian, if applicant is under the age of 18.

## **Personal Information**

### **Applicant Information**

**Name:** \_\_\_\_\_

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

**City/State/Zip** \_\_\_\_\_

**E-mailAddress** : \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **EveningPhone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### **Education:**

<b>High School (Name/address/phone #)</b>	<b>Program of study (Regents/academic/etc.)</b>	<b>Date of Graduation</b>
<b>School expected to attend:</b>	<b>Major and Minor</b>	<b>Expected Date of Graduation</b>

**Academic and Community Activities that you participate in:**

<b>Activity</b>	<b>Description (note any leadership positions)</b>	<b>Years of Involve me nt</b>	<b>Hours Per Week</b>	<b>Weeks Per Year</b>
1.				
2.				
3.				
4.				

**Volunteer and/or Intern – Please add pages as needed**

<b>Organization (Including Church)</b>	<b>Description of Service or Work (Note any leadership positions)</b>	<b>Years of Involvement</b>	<b>Hours Per Week</b>	<b>We eks Per Year</b>
1.				
2.				

3.				
4.				

**Honors and Awards – Please add additional pages as needed**

Honor/ Award Name	Description (Include nature & level of competition)	Honor or Award Type	Date Received/ Month/Year
1.			
2.			
3.			
4.			

### Letters of Reference

Name of Reference	Phone Number	E-Mail Address
	(      )	
	(      )	
	(      )	

**Are you related to a member of the Zeta Amicae?**  Yes  No

If so, please give relative's name(s) and address:

---

---

**Are you related to a member of Zeta Phi Beta Sorority, Incorporated?**  Yes  No

If so, please give relative's name(s) and address:

---

---

**Name three colleges you are considering:**

---

---

(Name)

(Location)

(Name)

(Location)

(Name)

(Location)

**Have you been accepted to any college(s)? If so please list colleges below.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What will your student status be upon entering college? FULL-TIME PART-TIME**  
(CircleOne)

**Will you reside on campus?  Yes  No**

The undersigned confirms that the information submitted on this application is true and realizes any deliberate falsification in the information she has submitted is immediate cause for her application to be voided.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN YOUR COMPLETED SCHOLARSHIP APPLICATION NO LATER THAN**  
**Postmark deadline: February 10, 2026**

**All materials must be submitted as one package, at the same time, in one mailing. No faxes will be accepted.**

**If applicant has any questions, please contact the Scholarship Committee:**

**Cindy Cundiff – amicaecindy@gmail.com**

**Lori Tape - loritape@gmail.com**

**FOR ADMINISTRATIVE USE ONLY:**

**Postmark Date: \_\_\_\_\_ Rec'd By: \_\_\_\_\_**

**Application Complete:  Yes  No**