

## **Gamma Phi Delta Sorority, Inc.**

## Eastern Region Working Woman Book Scholarship Application



We are seeking to award a book scholarship to a Working Woman entering or continuing a degree program.

#### **GUIDELINES:**

To be eligible for the Gamma Phi Delta Sorority Inc. Eastern Region Working Woman Book Scholarship, applicants must meet all of the following requirements. Incomplete applications will not be considered for review. Printed applications must have authentic original signatures; electronic applications must be electronically signed in the appropriate fields.

#### **ELIGIBILITY CRITERIA:**

- Must be a working woman at least 30 years of age or older.
- Must be a resident within the following states: New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia or Virginia.
- Must be enrolled at an accredited College or University.
- Additional education, vocational, or professional training information can include any post-high school activities you either have been or are currently enrolled.
- Cannot be a member of the Gamma Phi Delta Sorority.
- Members of Sorors immediate family (wife, mother, sister or daughter and their respective spouses, regardless of where they reside) and women living in the same household of Sorority members are eligible.
- Resumes must be included with the completed application.
- Response to the essay question: "What are your long-term professional goals? How will receiving this book scholarship assist you in achieving these stated goals?" should not exceed 1000 words.
- Must have two (2) letters of recommendations excluding relatives.
   Relatives are not permitted to recommend applicants.
- Every question on the scholarship application must be answered. If any question on the scholarship application does not apply, enter N/A in the blank space.

### **APPLICATION SUBMISSION**

Applications must be completed electronically and either 1) submitted electronically or 2) printed and postmarked by March 15, 2023.

Electronic submissions are to be sent to: erschlr@gpd1943.org

## Printed are to be mailed to:

Gamma Phi Delta Sorority, Inc. 8441 Lakinhurst Lane Springfield, VA 22152 ATTN: Denise Pinchback/Eastern Region Scholarship Chairperson

## If selected as a book scholarship recipient:

• The applicant will be required to provide proof of enrollment from the school you will be attending in the Fall 2023 Semester by August 1, 2023.

The application must be completed by applicant. If any portions of the application or essay are incomplete, the applicant will be automatically disqualified with no further consideration.

Gamma Phi Delta Sorority, Inc. is a sisterhood of distinguished business and professional women. Through our talents and qualities, members aid and cultivate higher scholastic and ethical standards, provide social and recreational outlets, implement enrichment programs for youth and administer services to people in need.

National Theme: "The Power of Sisterhood: Individually Unique...Together Complete"



# **Gamma Phi Delta, Inc. Sorority**

Eastern Regional Working Woman Book Scholarship Application Must be postmarked by March 15, 2023



	<b>2023 B</b> oo	K SCHOLARSHIP APPLICATION	N		
	APP	PLICANT INFORMATION			
Name:					
Date of birth:		rard will be required to submit their oer (for tax purposes)	Phor	Phone:	
Email:					
Current address:					
City:	State:		ZIP	Code:	
	HIGH	H SCHOOL EDUCATION INFORMATION	ON		
Name of High School:					
School Address:			High	est Grade Completed:	
Phone:	Email:		Date	s Attended:	
	ADDITI	ONAL EDUCATION INFORMATION	•		
Name of School:					
School Address			GPA	GPA:	
Phone:	Email:		Date	Dates Attended:	
	VOCATI	ONAL/PROFESSIONAL TRAINING			
Name of school:					
School Address			Certific	Certificate Received:	
Phone:	ne: Email:		Dates Attended:		
	ADDITIONAL	EDUCATION INFORMATION CAN BE ATTACH	ED		
		EMPLOYMENT			
Name of Employer:			Phor	Phone:	
Address of Employer:		Dates:			
Position:					
	AFFILIATI	ONS (Additional can be attached)			
Name of Affiliation:		Position Held:	Mem	Membership Dates:	
Name of Affiliation:		Position Held:	Mem	Membership Dates:	
	HONORS / AV	NARDS (Additional can be attached)			
Name of Honor / Award		Description		Date Received	
	•				

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	COMMUNITY SERVICE						
LOC	ATION:						
ADI	RESS PHONE:						
RES	PONSIBILITIES:						
	COMMUNITY SERVICE						
LOC	ATION:						
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RES	PONSIBILITIES:						
	Essay Overstion	1					
	Essay Question What are your long-term professional goals? How will receiving this book scholarship assist						
	you in achieving these stated goals? (Please do not exceed 1000 words)						

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REFERENCES  Please provide two professional letters of recommendations.  REFERENCE NAME: TITLE  ADDRESS: CONTACT NUMBER  REFERENCE NAME: TITLE  ADDRESS: CONTACT NUMBER  REFERENCE NAME: TITLE  ADDRESS: CONTACT NUMBER  TOTALE  ADDRESS: CONTACT NUMBER  TITLE  ADDRESS: SONAL SONA	By typing your initials, you are verifying the information included in t	Date:		
Please provide two professional letters of recommendations.  REFERENCE NAME:  ADDRESS:  CONTACT NUMBER  TITLE  ADDRESS:  CONTACT NUMBER  CONTACT NUMBER  CONTACT NUMBER  CONTACT NUMBER  May we use your picture to for promotional purposes?Yes No  (Declining to submit picture will have no effect on our selection process)  SIGNATURE  I authorize the verification of the information provided on this form	Authentic Signature for mailed application:	Date:		
Please provide two professional letters of recommendations.  REFERENCE NAME:  ADDRESS:  CONTACT NUMBER  TITLE  ADDRESS:  CONTACT NUMBER  CONTACT NUMBER  CONTACT NUMBER  May we use your picture to for promotional purposes?Yes No  (Declining to submit picture will have no effect on our selection process)  SIGNATURE	Applicant name (printed)			
Please provide two professional letters of recommendations.  REFERENCE NAME:  ADDRESS:  CONTACT NUMBER  TITLE  ADDRESS:  TITLE  ADDRESS:  CONTACT NUMBER  CONTACT NUMBER  May we use your picture to for promotional purposes?Yes No  (Declining to submit picture will have no effect on our selection process)	I authorize the verification of the information provided on this form			
Please provide two professional letters of recommendations.  REFERENCE NAME:  ADDRESS:  CONTACT NUMBER  TITLE  ADDRESS:  TITLE  CONTACT NUMBER  CONTACT NUMBER  ADDRESS:  CONTACT NUMBER  May we use your picture to for promotional purposes?Yes No				
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Please provide two professional letters of recommendations.  REFERENCE NAME:  ADDRESS:  CONTACT NUMBER  REFERENCE NAME:  TITLE	May we use your picture to for promotional purposes?Yes	No		
Please provide two professional letters of recommendations.  REFERENCE NAME:  ADDRESS:  CONTACT NUMBER	ADDRESS:	CONTACT NUMBER	CONTACT NUMBER	
Please provide two professional letters of recommendations.  REFERENCE NAME:  TITLE	REFERENCE NAME:	TITLE		
Please provide two professional letters of recommendations.	ADDRESS:	CONTACT NUMBER		
	REFERENCE NAME:	TITLE		
DEFEDENCES				

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