



TRACEY COWARD JOHNSON FOUNDATION  
Scholarship Application

All completed application packets must be submitted/postmarked by Wednesday, March 1, 2023  
To apply for a scholarship from the Tracey Coward Johnson Foundation in corporation with the Delta Sigma Zeta Chapter, you must be a graduating male senior of Alachua County schools.

*Please submit the following documents by the deadline:*

**REQUIRED: (Must be uploaded with application)**

- A completed 2022-23 Zeta Phi Beta Sorority, Incorporated ~ **HS SCHOLARSHIP APPLICATION**
- A sealed high school **TRANSCRIPT** and **PASSING FSA (Concordant) SCORES** must be verifiable
- A typed **RESUME** – Be sure to include details regarding the following:(A) Volunteer hours /community service – Please include the places, dates, and a description of your service (B) Honors and awards – Both academic and civic
- A 500-word typed essay outlining (1) How do you plan to change your community once you obtain your college degree? And (2) How do you exemplify either value of service or scholarship?
- **TWO LETTERS OF RECOMMENDATION;** one academic letter describing your scholastic abilities & one community-based recommendation describing your leadership abilities.
- **Statement of Need:** Outline your financial needs for college attendance, and how this scholarship will help you.

**Recommended:**

- Proof of admission to TWO colleges or universities (Copies of **Letters of Admission**)
- Ensure that ACT/SAT scores are visible on a high school transcript

Complete the application online at  
<https://www.gainesvillezetas.com/college-scholarships>

Direct inquiries to: Dr. Melvena Wilson care of DSZScholarship@gmail.com

**APPLICATIONS THAT DO NOT INCLUDE ALL OF THE ABOVE DOCUMENTS WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE REVIEWED FOR A SCHOLARSHIP.**



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Applicant's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City / State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade level: \_\_\_\_\_  
High School: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_  
\_\_\_\_\_ Unweighted G.P.A : \_\_\_\_\_ Weighted G.P.A. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Mother: \_\_\_\_\_ Mother's Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Mother's Phone Number: \_\_\_\_\_  
Applicant's Father: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Father's Phone Number: \_\_\_\_\_

Siblings living in the household: \_\_\_\_\_  
Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Names: \_\_\_\_\_ Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your immediate family ever been involved in Zeta Phi Beta Sorority, Incorporated or one of its affiliates? If yes, please list the name(s) and the affiliate organization(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names of the college acceptance letters that you have included in this application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Are you a Bright Futures candidate? Circle one: Yes No Comment: \_\_\_\_\_

What is your planned major of study? \_\_\_\_\_

Any additional comments you would like to share for the committee to consider?

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By signing below, you certify that you have abided by the scholarship instructions and that all answers are accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date