

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Alpha Psi Zeta scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to Alpha Psi Zeta Scholarship policy, I must be present at the Virtual Event in March 2022 to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Alpha Psi Zeta Scholarship policy. It is my responsibility to remit to the appropriate information for my scholarship to be paid in Fall 2021-2022 academic-year.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Scholarship Applicant Signature: _____ **Date:** _____

If under 18, Parent Signature(s) _____

Date: _____

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR
(High School Only)**

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Zeta Phi Beta Sorority, Inc. ~ Alpha Psi Zeta Chapter – Los Angeles.

Name of Guidance Counselor _____

Name of High School _____

Contact information: (Email): _____ (Phone) _____

Signature of Guidance Counselor: _____ **Date:** _____