

# Zeta-Iota Zeta Scholarship Application



Applications are being accepted for the 2026-2027 William Bradford Shierk Memorial Scholarship awarded through the University of Kansas Endowment. To be considered for this scholarship, you must:

- Have at least a cumulative 3.0 G.P.A. on a 4.0 G.P.A. scale in your undergraduate course work.
- Be a Lambda Chi Alpha member in good standing.
- Demonstrate financial need.
- Plan on attending school as a full-time student during the 2026-2027 academic year.

The application deadline is **April 15, 2026**. No extensions to this deadline can be granted.

Judging is based on:

- 1/3 Academic Achievement
- 1/3 Chapter and Campus Leadership and Involvement
- 1/3 Need

## APPLICATION INSTRUCTIONS

1. Complete one (1) copy of the “Undergraduate Scholarship Application” and submit it unstapled.
2. Complete two (2) copies of the “Recommendation Cover Page.”
3. Obtain two (2) letters of recommendation from the required individuals, if possible.
4. Obtain all necessary university transcripts.
5. You have 2 options for submitting your application:
  - a. Email all documents in one pdf format document titled “2025 Scholarship Application *Last name*” to [zetaiotafoundation@gmail.com](mailto:zetaiotafoundation@gmail.com)
  - b. Mail all application material **in one envelope** to:

**Zeta Iota Zeta Educational Foundation**  
**PO Box 13129**  
**Overland Park, KS 66282-3129**

6. Application must be received (not postmarked) by **11:59pm central time April 15, 2026**.

If you have any questions regarding these scholarships, please contact:  
Brother Phil Brooks  
[kexbyphil@gmail.com](mailto:kexbyphil@gmail.com)

**Zeta-Iota Zeta Scholarship Application**

**INSTRUCTIONS**

Please forward the following information in one envelope:

- Completed Scholarship Application
- Official** transcripts of all undergraduate coursework. To be eligible for a scholarship, you must have a cumulative grade point average of at least 3.00 (A=4.00).
- Recommendation letters from 2 individuals, if possible. We recognize that conditions brought about by the pandemic may make obtaining this information very difficult, so do the best you can.
  - A university professor or staff member (Greek Adviser, Dean of Students) who can verify your campus or community activities.
  - A current or past High Alpha of your chapter or the High Pi or an involved alumnus from your chapter who can verify your chapter activities and involvement.
- A letter from you outlining your course of study and your career plans. Any additional information that would be useful to the selection committee may be included.

**All recommendation letters and transcripts must be mailed or emailed with the application in one envelope or document and RECEIVED by 11:59pm central time April 15, 2026.  
Incomplete or late applications will not be accepted.**

All questions should be directed to Brother Phil Brooks (kexbyphil@gmail.com).

**MAIL TO: Zeta Iota Zeta Educational Foundation  
PO Box 13129  
Overland Park, KS 66282-3129**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Summer Address \_\_\_\_\_  
(Street or PO Box) (City, State, Zip)

Summer Phone (\_\_\_\_\_) \_\_\_\_\_

Parent's Address \_\_\_\_\_  
(Street or PO Box) (City, State, Zip)

Parent's Phone (\_\_\_\_\_) \_\_\_\_\_

Your Age: \_\_\_\_\_ Email Address \_\_\_\_\_

Zeta and Number \_\_\_\_\_ Year Initiated \_\_\_\_\_

List all of the colleges or universities you have attended:

Name	Years Attended	Degree	Year Expected
_____	_____	_____	_____
_____	_____	_____	_____

List your college major and minor: \_\_\_\_\_

Cumulative undergraduate grade point average on a 4.0 scale \_\_\_\_\_

Chapter activities (offices, committees, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain any positive impact you have had on your chapter \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Campus and Community extracurricular activities \_\_\_\_\_

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Explain any positive impact you have had on your campus or in your community \_\_\_\_\_

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List any honors, awards, etc. you have received \_\_\_\_\_

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Name of your employer \_\_\_\_\_

Your position \_\_\_\_\_

How many hours do you work per week? \_\_\_\_\_

Describe your job responsibilities \_\_\_\_\_

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Father's occupation and employer \_\_\_\_\_

Mother's occupation and employer \_\_\_\_\_

Anticipated cost of tuition, board, fees and books for one academic year \_\_\_\_\_

Do you expect aid from home? \_\_\_\_\_ If so, amount or percentage \_\_\_\_\_

Number of immediate family members who are in college this year \_\_\_\_\_ Next Year? \_\_\_\_\_

What scholarships or other financial aid do you have for next year? Please include amount of assistance

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Are you applying for any other forms of financial aid for next year? \_\_\_\_\_

If so, describe \_\_\_\_\_

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One third of the award is based on need. Please explain your need. (Attach a separate sheet if needed)

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List the names and addresses of those who have written your recommendation letters for this application.

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I make this application with the understanding that I will not be entitled to a scholarship if I do not attend school full-time. If I receive a scholarship, I understand that I will receive the award after I have submitted evidence of enrollment. I also understand that all scholarship funds will be paid directly to my school for tuition and fees. Those students whose financial aid package already meets or exceeds tuition and fees for the next academic year **will not** be eligible for this scholarship. All information presented in this application is true, and I understand that any misrepresentation will disqualify me from the award.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

## RECOMMENDATION COVER PAGE

### TO BE COMPLETED BY THE APPLICANT:

Name of Applicant \_\_\_\_\_ School \_\_\_\_\_

Field of Study \_\_\_\_\_

Name of Recommender \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

This recommender is requested particularly to address my (check all that apply)

- likelihood of continued superior academic achievement; general merit and promise
- extracurricular activities, including examples of leadership
- ideals, conduct, personality, moral character
- financial circumstances and need
- chapter activities and involvement

### TO THE RECOMMENDER:

The members of the evaluation panel greatly appreciate your time and effort. Providing this information will enable us to award scholarships for undergraduate study to the most outstanding candidates. To be eligible, the student must have at least a 3.0 cumulative undergraduate average (A = 4.0). The panel has stipulated that eligible applicants will be judged on superior academic achievement, need, demonstrated leadership, and involvement in activities.

The applicant will provide a transcript of all undergraduate work completed, a list of chapter activities and offices, a list of campus and community activities, and information on his financial circumstances. Thus, your letter need not include lists of such basic information but instead can focus upon specific examples of superior performance or personal characteristics that will give the panel insight into the breadth and depth of this individual.

Position/Title of Recommender \_\_\_\_\_

School or Firm \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Signature of Recommender, if obtainable \_\_\_\_\_

Please enclose your letter of recommendation in a sealed envelope and return to the applicant to include with his application. Thank you for your assistance.

## RECOMMENDATION COVER PAGE

### TO BE COMPLETED BY THE APPLICANT:

Name of Applicant \_\_\_\_\_ School \_\_\_\_\_

Field of Study \_\_\_\_\_

Name of Recommender \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

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Position/Title of Recommender \_\_\_\_\_

School or Firm \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Signature of Recommender \_\_\_\_\_

Please enclose your letter of recommendation in a sealed envelope and return to the applicant to include with his application. Thank you for your assistance.