



ZETA AMICAE OF DOVER LUCILLE YELVERTON SCHOLARSHIP



This scholarship recognizes academic, educational, volunteer, extracurricular activities and any other special qualities the recipient may have. This application is open to high school graduating female students.

As each recipient graduates and goes out into the world, it is our hope and belief that they will continue to exemplify and illuminate the prestigious standards and ideals reflected through the Zeta Amicae of Dover.



Application deadline: Jan 28th 2026

CRITERIA FOR SELECTION:

1. Graduating high school senior that has been accepted to an accredited college/university.
2. Grade point average of 2.8 or above
3. Kent County Resident
4. 2 Letters of Recommendation
5. Written Essay



APPLICATION REQUIREMENTS/E-mailing Directions:

Complete the application and attach the following required documents by January 28, 2026 to: zadovervp@gmail.com

1. Complete application and attach other available items in an email message to the scholarship committee. (Attachments should include eligibility criteria).
2. Two letters of recommendation (1 from a teacher/instructor and 1 personal). These cannot be from family members.
3. Typewritten essay (double-spaced) of 200 words or more. Applicants should Write on the essay subject given on the application.

Lucille Yelverton Memorial Scholarship Application



Consideration for the scholarship is based on need, GPA, awards and honors, participating in extra-curricular activities, school organizations and community service.ph text

**** PLASE TYPE OR PRINT LEGIBLY****

Date : _____

APPLICATION DATA:

First Name and MI: _____ Last Name _____

Permanent Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____ Email Address: _____

EDUCATIONAL DATA:

College/University Attending: _____

College/University Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____ Minor: _____ Classification: _____

Expected Graduation Date: _____ Degree: _____

Overall GPA: _____

Please tell us how you learned about the scholarship.

_____ I certify that all information reported is complete and correct to the best of my ability and that I have attached any and all relevant documentation. I understand that any false statements or misrepresentations in this application will be cause for rejection and denial.

zadovervp@gmail.com

Student's name (print): _____

ZETA AMICAE OF DOVER SCHOLARSHIP

Scholarship Amount: \$1,000.00 for college books as a freshman

PURPOSE:

The purpose of this scholarship is to provide financial assistance for purchase of books to maximize higher education learning opportunities for high school graduates and college students who are looking to complete a college degree.

APPLICATION PROCESS:

Scholarship applications should be forwarded to the selection committee by Jan 28th of the year the scholarship will be awarded.

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