

**SCHOLARSHIP APPLICATION PACKET**

**2023-2024**

HISTORY OF DELTA SIGMA THETA SORORITY, INC.

Delta Sigma Theta Sorority, Inc. was founded on January 13, 1913 at Howard University by twenty-two college-educated women committed to the constructive development of its members and to public service with a primary focus on the Black community. Information about Delta Sigma Theta Sorority, Inc. may be found at www.deltasigmatheta.org.

HISTORY OF SANFORD ALUMNAE CHAPTER

On May 4, 1984, The Sanford Alumnae Chapter (SAC) of Delta Sigma Theta Sorority, Inc. was established by the vision of thirteen (13) local Deltas. The chapter continues to fulfill our Founders’ dreams of achieving excellence, providing scholarships and rendering public service to the community.

VISION OF THE SCHOLARSHIP COMMITTEE

The Sanford Alumnae Chapter pledges to enrich the lives of the Seminole County Area through service. The Scholarship Committee, one of many committees of the Chapter, has the responsibility of overseeing the Sanford Alumnae Chapter Scholarship Program. The objective of the program is to provide scholarships annually to graduating Seminole County high school seniors who have excelled academically and contributed their talents to the improvement of their community.

ELIGIBILITY REQUIREMENTS

To be considered for a scholarship, applicant must:

* Be an African American student graduating from a public high school in Seminole County in May or June 2024
* Have a minimum grade point average of 2.5 or higher
* Plan to enter an accredited two-year or four-year university or college as a full-time freshman in the Fall of 2024
* **Not be the child of a member of Delta Sigma Theta Sorority, Inc.**
* **Complete the application packet as prescribed by the instructions herein**

SCHOLARSHIP AWARDS & DISBURSEMENT

Sanford Alumnae Chapter will award Scholarships based on leadership, community involvement, academic achievement and financial need.

Award recipients will be notified by April 4, 2024. Scholarship recipients will be recognized at the Scholarship Luncheon program to be held in May 2024. The scholarship check will be disbursed to recipients upon receipt of **confirmation from the Registrar of Full-Time** **enrollment** from the post-secondary institution you plan to attend. Recipients’ scholarship awards will be forfeited if confirmation from the Registrar of Full-Time enrollment is not received by the Sanford Alumnae Scholarship Committee by **December 6, 2024.**



Sanford Alumnae Chapter

DELTA SIGMA THETA SORORITY, INC.

(Chartered 1984)

401 East First St. Unit 1712 ▲ Sanford, FL 32772

**Scholarship Application**

(TYPE or PRINT ALL Information with a Black Ballpoint Pen)

**Personal Information**

**Applicant Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_ DOB:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Street City, State Zip Code

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street City, State Zip Code

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School Information**

High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Attended: From \_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_

School Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

Current GPA(Weighted) \_\_\_\_\_\_\_ (Unweighted) \_\_\_\_\_\_\_ Class Rank \_\_\_\_\_out of \_\_\_\_\_\_

SAT Test Score: \_\_\_\_\_\_\_\_ ACT Test Score \_\_\_\_\_\_\_

**I. Accomplishments**

**Honors and Awards**

List any honors and awards and the year in which they were received

Honor/Award Year Received

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Organizational Involvement**

List the club(s)/organizational memberships and offices you have held in high school

Club/Organization Position Held & Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**II. Community Service**

List all community service/volunteerism in which you participated during high school

(Services volunteered by individuals to benefit his or her local community; unpaid work).

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Office/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor/Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates of Volunteerism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours of Volunteerism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Office/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor/Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates of Volunteerism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours of Volunteerism: \_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Office/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor/Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates of Volunteerism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours of Volunteerism: \_\_\_\_\_\_\_\_\_\_\_\_\_

**III. Future Educational Endeavors**

**Collegiate Choices**

List the names of the top three schools for which you have applied:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **School #1** | **School #2** | **School #3** |
| School Name |  |  |  |
| Status of Application | * Pending * Accepted * Wait List | * Pending * Accepted * Wait List | * Pending * Accepted * Wait List |
| Major/Minor |  |  |  |

**Essay Requirements**

* Attach a 300-350 word **typed** essay entitled “My Educational Pursuits” **(evaluated on content and presentation)**
* Include the following information in the header:

□ Applicant Name

□ Home Address

□ Email Address

□ Telephone Number(s)

* The Essay must focus on the following:

□ Educational Goals

□ Career Goals

□ How obtaining a scholarship from Sanford Alumnae Chapter of Delta Sigma Theta Sorority, Inc, will be beneficial to your educational pursuits,

**Letters of Recommendations**

Please submit two (2) Letters of Recommendation. One letter must be from a High School Counselor or Teacher and the second letter must be from a Community Service Supervisor/Coordinator. Both letters must be from different individuals who **ARE NOT** relatives. **Letters must appear on the official letterhead of the school and applicable letterhead from the community service organization**. The letters must be addressed to the Sanford Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and be **signed** and **dated** between **January 1, 2024 and March 1, 2024** and included in the packet.

* Letter of Recommendation from High School Counselor or Teacher must appear on official letterhead and include:
* Length of time for which they have known the applicant and in what capacity
* Scholastic achievements and/or leadership involvement that qualifies the applicant for this award
* Letter of Recommendation from a Community Service Supervisor/Coordinator must appear on applicable letterhead and include:
* Length of time for which they have known the applicant and in what capacity
* Community service activities/involvement
* Reference to the applicant’s character

**Important Information and Applicant Checklist**

**Application Deadline is March 8, 2024\_**

* Eligible applicants must be graduating high school in May or June 2024 and are college bound
* Factors considered by the Scholarship Committee in evaluating applications include leadership, community involvement, academic achievement and financial need.
* All application materials must be **submitted in one (1) packet** and **received** or **postmarked** on or before **March 8, 2024.**
* **To be considered, candidates must submit a complete application package as follows**:
* Seven (7) page application packet with signature
* **Typed essay (300-350 words)**
* Official transcript (with GPA) in a sealed envelope from the school
* A copy of SAR Report, which should show the EFC (Expected Family Contribution), which can be obtained by logging into [**https://fafsa.ed.gov/**](https://fafsa.ed.gov/)
* Two (2) Letters of Recommendation: One from a High School Counselor or Teacher and one from a Community Service Supervisor/Coordinator. The letters must appear on the applicable letterhead and must be addressed to Delta Sigma Theta Sorority, Inc. and dated between **January 1, 2024 and March 1, 2024.**
* **Note**: Applications received after the deadline date will not be evaluated. **Transcripts must be sealed and signed by the Guidance Counselor or Registrar of the applicant’s** **school.** **A personal interview with the Scholarship Screening Committee will be scheduled for March 28, 2024 between 5:30p.m. – 8:00p.m. Location TBA.**

**Applications Should Be Mailed To:**

Delta Sigma Theta Sorority, Inc.

Sanford Alumnae Chapter

**Attention: Ms. Jazmine Stephens, Chair**

Scholarship Committee

401 East First St. Unit 1712

Sanford, Florida 32772

**Applicant Signature**

**I hereby certify that all of the information provided in this packet is, to the best of my knowledge, true and correct. I am aware that any misstatements or other inaccuracies could disqualify me from consideration of this scholarship.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant Signature Date