Delta Sigma Theta Sorority, Incorporated

Amarillo Alumnae Chapter ∆ΣΘ



2023 - 2024 SCHOLARSHIP APPLICATION

The Complete Application Packet Must

Be Postmarked By

**MARCH 22, 2024**

**Online application**

<https://form.jotform.com/203487443465158>

SCHOLARSHIP APPLICATION PROCEDURES

The applicant must meet the following criteria in order to be eligible for a scholarship:

* Must be a high school senior graduating in May 2024 in Amarillo, Texas.
* Plans to enter a two-year college or four-year university as a full-time student by May 31, 2025. (***This includes technical or vocational school, also)***
* Student must be an African American

The following documents **MUST** be attached to your completed application form:

* High School Transcript. The transcript must: (1) cite the cumulative grade point average, (2) be signed by a school official.
* ACT or SAT Test Scores. The scores may be on your high school transcript or a copy of your scores should be placed in a separate envelope.
* School Recommendation. One signed letter of recommendation from your current high school principal, counselor, or teacher on the high school’s **official letterhead**.
* Community Service Recommendation. One signed letter of recommendation from an organization verifying community service involvement. The letter must be on the organization’s **official letterhead** and should state your duties and show total hours earned.
* Type Essay
	+ One page essay to include academic and career goal
	+ Community service involvement
	+ Statement of why the scholarship is important to you
	+ Discussion of financial need
* **Scholarship application must be signed by the student and a parent or guardian.**

**A complete application package includes** a completed scholarship application along with required documents. **If any items are omitted, application will be deemed incomplete and will not be considered.** All information provided is considered confidential. All materials become property of the Delta Sigma Theta Sorority, Incorporated, Amarillo Alumnae Chapter.

**MAIL COMPLETED APPLICATION PACKAGE TO:**

DELTA SIGMA THETA SORORITY, INCORPORATED

AMARILLO ALUMNAE CHAPTER

P. O. BOX 55, AMARILLO, TEXAS 79105

**\*\*\*\*\*\*\*\*\*APPLICATION POST MARK DEADLINE\*\*\*\*\*\*\*\***
MARCH 22, 2024

 **QUESTIONS**:
Gloria Roberts (806) 674-2027 or via email at amarillodeltas@gmail.com

**DELTA SIGMA THETA SORORITY, INCORPORATED
AMARILLO ALUMNAE CHAPTER
SCHOLARSHIP APPLICATION**

ATTACH A PHOTO

***Type or Print ALL Information with a Blue or Black Ink Pen***

**Please fill out the form in its entirety, if a section does not apply, write N/A**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Last First MI**

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Street Address/Apt Number City/State/Zip Code**

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

Race: \_\_ Black or African American \_\_ Asian

\_\_ American Indian \_\_ Hispanic \_\_ White

**Personal Email address (where you can be contacted):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Counselor Name and Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY INFORMATION**

Name of Mother/Female Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Father/Male Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate parents combined income range according to most recent income tax returns (adjusted gross income).

\_\_\_ $ 0-25,000 \_\_\_ $41,000-55,000 \_\_\_ $71,000-100,000

\_\_\_ $25,000-40,000 \_\_\_ $56,000-70,000 \_\_\_ over $100,000

**ORGANIZATIONAL INVOLVEMENT, HONORS & SPECIAL INTERESTS**

 **(**Include all leadership activities, special programs, extracurricular and community involvement activities)

1. List the organizations, memberships and offices held in your school.

|  |  |  |
| --- | --- | --- |
| School Organizations | Grade | Level of Involvement (i.e. Officer, Member, etc.) |
|  | 12 | 11 | 10 | 9 |  |
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1. List the organizations, memberships and offices held in your community.

|  |  |  |
| --- | --- | --- |
| Community Involvement | Grade | Level of Involvement (i.e. Officer, Member, etc.) |
|  | 12 | 11 | 10 | 9 |  |
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1. List Honors and Awards and Year Received

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| --- | --- |
| **Honors and Awards** | **Grade** |
|  | **12** | **11** | **10** | **9** |
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**(Attach a page for additional information if needed)**

**Essay Requirements and Instructions**

* Attach a one page typed essay entitled “DST Scholarship Essay”
* Your Name
* Your Home Address
* Telephone Number(s)
* Address the following four topics within your essay:
* Community service involvement
* Statement of why the scholarship is important to you
* Discussion of financial need

**COLLEGE / UNIVERSITY INFORMATION***Please list the name and address of the college/university to which you have applied, or will be attending for the period in which this financial assistance is requested.*

**COLLEGE / UNIVERSITY NAME:**

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

**MAILING ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRST SEMESTER TO ATTEND:** SUMMER 2024 \_\_\_\_\_\_ FALL 2024 \_\_\_\_ SPRING 2025 \_\_\_\_\_\_

***By signing below, I am confirming that all the information is truthful as presented at the time of application.***

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**Student’s Signature Date**

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

**Parent’s/Guardian’s Signature Date**

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**CHAPTER USE ONLY:** POSTMARK DATE: \_\_\_\_\_\_\_\_\_\_\_ **STATUS:** Accepted \_\_\_ Pending \_\_\_\_