

NAME _____	Last	First	MI
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# DELTA SIGMA THETA SORORITY, INC.

## Henry County Alumnae Chapter

### Scholarship Application



#### Application Checklist

- \_\_\_\_\_ Completed, signed and dated application (**typed only**)
- \_\_\_\_\_ Personal Data Sheet (**typed only**)
- \_\_\_\_\_ 2 letters of recommendation (teachers, counselors, administrators) **on school's letterhead**
- \_\_\_\_\_ 1 letter of recommendation (non-related person of choice, not from school)
- \_\_\_\_\_ Essay (1-2 pages typed, 12-pt font, double-spaced)
- \_\_\_\_\_ Official transcript ( first semester grades of senior year, school seal, sealed envelope addressed to HCAC).

Delta Sigma Theta is a public service organization. Children of members of DST are not eligible to apply. HCAC grants both needs-based and merit scholarships. To view a complete copy of the scholarship packet, go to the HCAC website: <http://www.hcacdst.org/scholarship>

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HCAC of Delta Sigma Theta will not accept or consider incomplete, late, emailed, or faxed copies of the application, or application packets containing unofficial transcripts and/or handwritten essays.

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<b>FOR OFFICE USE ONLY:</b>	
Application packet received	Date _____
Transcript received	Date _____
Notes _____	
_____	

Application Deadline  
March 9, 2018

# HENRY COUNTY ALUMNAE CHAPTER (HCAC)

## Scholarship Application

# Delta Sigma Theta Sorority, Inc.

### **Scholarship Eligibility Requirements**

Applicants must be a graduating high school senior with a minimum 'B' cumulative numerical grade point average (80 percent or 2.5 GPA) and attending a public or private Henry County school. Children of members of DST are not eligible to apply. HCAC of Delta Sigma Theta Sorority, Inc. will only award scholarship funds upon receipt of official acceptance and enrollment documentation from a four-year accredited college or university. Enrollment must occur during the first semester of the upcoming school year and/or by December 1, 2018.

### **A complete application packet includes the following:**

1. **Application/Personal Data Sheet**— completed, signed, dated and **typed**. Do NOT submit a handwritten application.
2. **An Official High School Transcript**— includes first semester grades of the senior year and the school official seal. Transcript may be enclosed in the application packet if **unopened**, includes seal, and is addressed to HCAC.
3. **Three (3) Letters of Recommendation**—Two (2) letters from teachers, counselors and/or administrators on official letterhead and one (1) letter from a non-related individual whom you select from your community.
4. **ESSAY** – 1-2 pages, typed using a 12-point font, and double-spaced. Topic selected is one of the three choices below.

My career goals and how they will impact my community

A person who has made a significant impact on my life and why

An obstacle that I have overcome and how the experience will enhance my endeavors

Application must be postdated by  
**March 9, 2018** and mailed to:

Henry County Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P.O. Box 787  
McDonough, GA 30253-0787

NAME \_\_\_\_\_  
Last First MI

HIGH SCHOOL \_\_\_\_\_ Social Security Number \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**All complete application packets will be reviewed, evaluated, and rated by a panel committee. Candidates will be rated on:**

Academic Achievement	Educational Goals/Career Plans	Extra-Curricular Activities	Essay
Leadership	Community Service	Interview	

. Candidates with complete packets will be interviewed by non-members of HCAC on April 28, 2018.

US Citizen? \_\_\_\_\_ YES \_\_\_\_\_ NO Male \_\_\_\_\_ Female \_\_\_\_\_

NAME Last First MI

PERMANENT MAILING ADDRESS

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMERGENCY CONTACT

Name Last First MI Relationship \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

SCHOOL INFORMATION

Name of High School \_\_\_\_\_ Grades Attended \_\_\_\_\_

Cumulative/Numerical Grade Point Average Weighted \_\_\_\_\_ Unweighted \_\_\_\_\_

School's Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ School FAX \_\_\_\_\_ Your Counselor's Name \_\_\_\_\_

Previous High School Attended (if different from current school) \_\_\_\_\_

City/Location of Previous School \_\_\_\_\_ Grades Attended \_\_\_\_\_

Name and location of Middle School you attended \_\_\_\_\_

COLLEGE PLANS

Do you plan to attend a four-year college or university? \_\_\_\_\_ YES \_\_\_\_\_ NO Have you applied for admission? \_\_\_\_\_ YES \_\_\_\_\_ NO

What will be your Major/Course of Study? 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

SAT Total Score \_\_\_\_\_ Date Taken \_\_\_\_\_ Will you take it again? \_\_\_\_\_ Yes \_\_\_\_\_ No

ACT Total Score \_\_\_\_\_ Date Taken \_\_\_\_\_ Will you take the test again? \_\_\_\_\_ Yes \_\_\_\_\_ No

List the names and locations of the colleges/universities where you have APPLIED for admission \_\_\_\_\_

Have you been accepted at a college/university? \_\_\_\_\_ YES \_\_\_\_\_ NO

List the names and locations of the colleges/universities where you have been ACCEPTED \_\_\_\_\_

NAME Last First MI

PARENT INFORMATION

Father/Guardian Last First MI

Address

Home Phone Cell Phone Alternate Phone

Highest Grade Completed Occupation

Check all that apply retired unemployed disabled military

Mother/Guardian Last First MI

Address

Home Phone Cell Phone Alternate Phone

Highest Grade Completed Occupation

Check all that apply retired unemployed disabled military

FAMILY INFORMATION

Name of parent/s or guardian/s with whom you live Last First MI

Do you have sisters and/brothers who are currently attending college? YES NO

If you answered yes to the question above, complete the following:

Name/s of sibling/s attending college Year in college (circle) 1 2 3 4

College sibling attends Location of sibling's college/university

City State Zip

DEMOGRAPHICAL INFORMATION

The following demographical information is used for statistical purposes as required by Delta Sigma Theta Sorority, Inc., National Headquarters, 1707 New Hampshire Avenue NW, Washington, DC 20009.

Check all that apply:

Black (not Latino) Latino White Asian ESL/ESOL

Single Parent Family TANF Homeless Mother Deceased Father Deceased

Special Education Program Vocational Program Free Lunch Reduced Lunch

Honors Classes AP Classes 1st in Immediate Family to Attend College

1st Generation to Attend College Disability (Specify Disability)

I certify that the information that I have provided in this application is true and complete to the best of my knowledge. I fully realize that omission and/or falsification of information will be sufficient reason for rejection of my application.

Printed Name Last First MI

Signature Date

<b>NAME</b>	Last	First	MI
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**PERSONAL DATA SHEET**

For each year of high school, list the activities and clubs you have been involved in and any leadership positions you held. Include extra-curricular and community activities; honors, awards and recognition. Include any cultural experiences and/or activities, and work experience.

**FRESHMAN**

**SOPHOMORE**

**JUNIOR**

**SENIOR**