

**DELTA SIGMA THETA SORORITY, INC.  
ARLINGTON ALUMNAE CHAPTER**

**SCHOLARSHIP APPLICATION**



**DELTA SIGMA THETA SORORITY, INC.  
ARLINGTON ALUMNAE CHAPTER  
P.O. BOX 2110  
ARLINGTON, TEXAS 76004**

Please refer to information and instruction page before completing any questions or filling in any blanks. Please use blue/black ink or type.

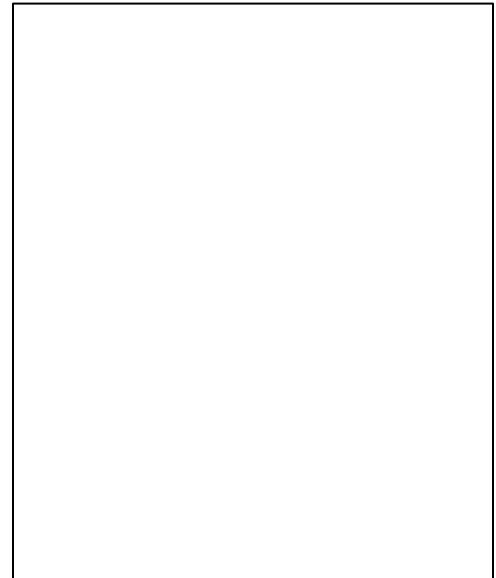
APPLICATION OF:

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

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Area Code                      Telephone Number



Place Headshot Here

**Deadline Date: Friday, March 20, 2020**

## Scholarship Application Criteria

### Student Eligibility:

- a. high school graduating senior with official residency in the cities of Arlington, Grand Prairie, or Mansfield
- b. must have good moral character and a record of service to the school or community
- c. must apply scholarship to a 2 or 4-year institution of higher learning during the fall semester immediately after high school graduation, and enroll as a full-time student

NOTE: The children of members of Arlington Alumnae Chapter of Delta Sigma Theta, Inc. are not eligible to receive a Scholarship.

**Deadline Date: Friday, March 20, 2020**

### Application Requirements:

- a. completed application should be in blue/black ink or typed (incomplete applications will NOT be considered)
- b. official transcript of high school grades
- c. two letters of recommendation written by two of the three references listed on application
- d. copy of SAT/ACT Scores
- e. an essay not to exceed two pages
- f. copy of parent's current or previous year's tax return to substantiate financial need; also include total household income
- g. signed waiver for use of photograph in public media
- h. proof of residency for Arlington, Grand Prairie, or Mansfield (ex: utility bill in parent's name)

**The scholarship is a one-time award of \$1,000.**

### Method of Selection:

- a. applications will be screened by the selection committee
- b. the scholarships will be given to the students who best meet the eligibility requirements

### Method of Distribution:

The recipient must request their respective college/university registrar's office to send a letter (on school letterhead) to this organization's mailing address, stating that the student is enrolled with full-time status for the fall semester (same year as high school graduation). Scholarship money will then be deposited with the college/university. The funds will be forfeited if the recipient withdraws from school prior to the receipt of the funds, is placed on scholastic probation, or if the letter verifying the student's full-time status is not received by **October 31, 2020.**

**Scholarship recipients will be recognized at an annual Arlington Alumnae Chapter event in May.**



College Preference: \_\_\_\_\_ Estimated Tuition (per semester): \_\_\_\_\_

**List of Scholarships received to date and amounts:**

<u>Name of Scholarship</u>	<u>Amount Awarded</u>	<u>Name of Scholarship</u>	<u>Amount Awarded</u>
1.		3.	
<u>Name of Scholarship</u>	<u>Amount Awarded</u>	<u>Name of Scholarship</u>	<u>Amount Awarded</u>
2.		4.	

List honors, scholarships, and awards received; extracurricular activities, community activities and special talents [please include number of years/length of time for each activity listed]:

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Describe any jobs you have had during your sophomore, junior and/or senior years:

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Explain any special circumstances that affect your family's ability to help finance your college education:

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**Essay:** On a separate sheet of white 8½ X 11 paper, in your own words, please answer the questions below. Please limit your total response to two pages and please be sure to compose your responses in an essay.

1. Why did you decide to attend college?
2. What is your career goal?
3. Why do you feel you deserve this scholarship?

**References:** List three (3) people (other than relatives) who may be contacted to verify information listed in this application. Include a high school teacher, a high school counselor or administrator, and a person in your community. Enclose two (2) typewritten letters of recommendation from two of the three people you have listed.

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Title

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Counselor or Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Community Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Work Phone

