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 | F: | |
|-----------------|----------------|----------|
| Last Name | First Name | MI |
| Mailing Address | | |
| City | State | Zip Code |
| Area Code | Telephone Numb | er |

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.

DELTA SIGMA THETA SORORITY, INC. ARLINGTON ALUMNAE CHAPTER

Application for Scholarship DEADLINE: Friday, March 20, 2020

Application for a scholarship for a high school senior with official residency in the cities of Arlington, Grand Prairie, or Mansfield who will be attending a 4-year college or university the FALL SEMESTER following graduation.

| Please print of type. | | | | |
|---------------------------------|-----------------|--------------------|--|--|
| Name: | | st Middle | | |
| | | | | |
| Address: | | | | |
| City: | Zip Code: | | | |
| | | (Area Code) Number | | |
| Age: Date of F | Birth: | Place of Birth: | | |
| High School: | | Principal's Name: | | |
| H.S. Mailing Address: | | H. S. Phone: | | |
| City: | | Zip Code: | | |
| Grade Average (GPA): | Rank in Class: | out of | | |
| SAT Score: | ACT Score: | Graduation Date:/ | | |
| Father's Name: | | Occupation: | | |
| Mother's Name: | | Occupation: | | |
| | CONFID | DENTIAL | | |
| Total number of family members | living at home: | | | |
| Number of dependent children in | Ages: | | | |
| Number of dependent children in | college: | | | |
| Total Household Income: | | | | |

^{**}Personal and Financial information is used by the Arlington Alumnae Chapter of Delta Sigma Theta Sorority, Inc. for scholarship evaluation, and is not disclosed or shared with other parties.

| College Preference: | I | Estimated Tuition (per semeste | er): |
|--|--|---|--|
| List of Scholarships received to d | ate and amounts: | - | |
| Name of Scholarship | Amount Awarded | Name of Scholarship | Amount Awarded |
| 1. | | 3. | |
| Name of Scholarship | Amount Awarded | Name of Scholarship | Amount Awarded |
| 2. | | 4. | |
| List honors, scholarships, and awa include number of years/length of t | | | activities and special talents [please |
| Describe any jobs you have had du | ring your sophomore, | junior and/or senior years: | |
| Explain any special circumstances | that affect your family | 's ability to help finance your | college education: |
| your total response to two pages an 1. Why d 2. What i 3. Why d | d please be sure to con lid you decide to attend is your career goal? lo you feel you deserve | mpose your responses in an est d college? e this scholarship? | r the questions below. Please limit say. |
| | gh school counselor or | administrator, and a person in | your community. Enclose two (2) |
| Teacher | Title | | Work Phone |
| Counselor or Administrator | Title | | Work Phone |
| Community Person | Title | | Work Phone |

| Transcript: Enclose an official signed by a school official, and n | | pool transcript. This <u>MUST</u> be an official to ven if it may be an estimate. | ranscript, stamped and |
|---|-------------------------------|--|------------------------|
| • | * * | e and authorize this scholarship committee committee to use my picture for display if so | |
| Applicant's Signature | Date | Parent's/Guardian's Signature | Date |
| | DELTA SIGN ARLINGTON P. | ompleted application to: MA THETA SORORITY MALUMNAE CHAPTER O. BOX 2110 TON, TEXAS 76004 | |
| D | | HETA SORORITY, INC. LUMNAE CHAPTER | |

Application for Scholarship Checklist

Please be sure that all of the following are completed prior to submitting application packet. Refer to the application requirements session on page 2 for a detailed description of each item needed.

_____ Completed application typed or printed in black or blue ink

_____ Official transcript (of high school grades)

_____ Letters of recommendation (2)

_____ Copy of SAT/ACT scores

_____ Essay

____ Copy of parent's current or previous year's tax return

____ Proof of residency for Arlington, Grand Prairie, or Mansfield