



**Arlington Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Scholarship Application Criteria and Checklist**

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 and/or community.
- c. Must apply scholarship to a two (2) or four (4) year institution of higher learning during the fall semester immediately after high school graduation and enroll as a full-time student.

NOTE: Children of members of Arlington Alumnae Chapter of Delta Sigma Theta, Inc. are not eligible to receive this Scholarship.

Deadline Date: Friday, March 21, 2025, by 11:59 pm. No paper applications will be accepted. All applications and supporting documents shall be submitted through the electronic portal. Late applications and/or late submission of supporting documentation will not be considered and your application will be deemed incomplete.

Application Checklist:

- a. Complete online application (incomplete applications will not be considered).
- b. Official copy of high school academic transcript(s). *The official copy of the transcript(s) needs to have a visible signature and official school stamp or seal. Transcripts are to be uploaded to the portal and not mailed in.*
- c. Two (2) letters of recommendation written by two of the three references listed on the online application.
- d. Copy of SAT or ACT Scores.
- e. Upload, ONE original essay that includes and answers the three questions listed in the application and that does not exceed two pages (Double spaced and 12-point font).
- f. Copy of student's Financial Aid Report (This is the report students will receive when they complete their FAFSA).
- g. Headshot of student (Does not have to be a professional photograph).
- h. Signed waiver for use of photograph in public media*. **Waiver will be required only if selected for a scholarship award; therefore, there is not a need to upload the waiver when submitting the application.*
- i. Proof of residency in Arlington, Grand Prairie, or Mansfield (ex: utility bill, lease, or mortgage in parent/guardian's name).

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.
- c. The scholarship is a one-time award and awardees will be notified of award amount if selected.

Scholarship recipients will be recognized at an annual Arlington Alumnae Chapter event in May of 2024

Method of Distribution:

The recipient must request their respective institution of higher learning's registrar's office to send a letter (on school letterhead) to this organization's mailing address, as follows:

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

The letter should state that the student is enrolled with full-time status for the fall semester (same year as high school graduation). The letter should additionally include address to mail funds as well as applicable student ID# to include on check for exact reference. 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 or is placed on scholastic probation. The letter verifying the student's full-time status should be received by **October 31, 2025**.

DELTA SIGMA THETA SORORITY, INC. ARLINGTON ALUMNAE CHAPTER

Application for Scholarship

DEADLINE: Friday, March 21, 2025, by 11:59 pm.

Application is open to high school seniors with official residency in the cities of Arlington, Grand Prairie, or Mansfield and who will be attending a 2- or 4-year institution of higher learning in the FALL SEMESTER following graduation.

Name: _____
Last First Middle

Address: _____

City: _____ Zip Code: _____ Phone: _____
(Area Code) Number

Age: _____ Date of Birth: _____ Email Address: _____

High School: _____ Principal's Name: _____

H.S. Mailing Address: _____ H. S. Phone: _____

City: _____ Zip Code: _____

Grade Point Average (GPA): _____

SAT Score: _____ or ACT Score: _____ Graduation Date: ____ / ____ / ____

Parent(s)/Guardian(s): _____ Occupation: _____

Parent(s)/Guardian(s): _____ Occupation: _____

CONFIDENTIAL

Total number of family members living at home: _____

Number of dependent children in family (including applicant): _____ 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.*

Refer scholarship questions to the 2025 Scholarship Chair, at scholarship@dstarlingtonalumnae.org

DELTA SIGMA THETA SORORITY, INC. ARLINGTON ALUMNAE CHAPTER

Application for Scholarship

DEADLINE: Friday, March 21, 2025, by 11:59 pm.

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

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

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

Essay: Upload, ONE original essay that includes and answers the three questions below. Please limit your total response to two pages (double spaced, 12-point font).

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

Refer scholarship questions to the 2025 Scholarship Chair, at scholarship@dstarlingtonalumnae.org

DELTA SIGMA THETA SORORITY, INC. ARLINGTON ALUMNAE CHAPTER

Application for Scholarship

DEADLINE: Friday, March 21, 2025, by 11:59 pm.

References: List three (3) references (other than relatives) who may be contacted to verify the student's good moral character and a record of service to the school or community. Of the three references listed, two need to provide a typewritten letter of recommendation. An unexhausted list of examples of appropriate references are as follows, teacher, counselor, administrator, coach, band instructor, dance instructor, pastor, boss, or a community organization representative.

Name	Title	Email	Work Phone
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Name	Title	Email	Work Phone
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Name	Title	Email	Work Phone
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Transcript: Enclose an official copy of your high school transcript. This **MUST** be an official copy transcript, stamped and signed by a school official, and must include your rank even if it may be an estimate.

I certify that the information in this application is true and authorize this scholarship committee to contact the listed references for further information. I also authorize this committee to use my picture for display if scholarship is granted.

Applicant's Signature

Date

Parent's/Guardian's Signature

Date

Refer scholarship questions to the 2025 Scholarship Chair, at scholarship@dstarlingtonalumnae.org