**Congratulations on reaching this academic milestone!** Delta Sigma Theta Sorority, Inc. is an organization dedicated to aiding in the education of talented youth throughout our community. We award eight $2000 college scholarships; one **Literary** Scholarship,two **Leadership** Scholarships, and five **Academic** Scholarships.

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| Requirements for the scholarship, application, and media waiver are included below.  **We wish you success as you continue your academic career!**  **ACADEMIC SCHOLARSHIP REQUIREMENTS:**   * Applicant must be an African-American female. * Must have a minimum acceptable G.P.A of 3.3 or higher on a 4.0 scale. * Must demonstrate community involvement. This will be assessed by the number of hours listed on the transcript. * Must have a documented need for financial assistance. * Must graduate from a Duval County (public, private, or charter) high school at the end of the 2014-2015 academic school year. * Must attend an accredited institution of higher education after graduation. * Must have taken the SAT and/or the ACT and submit proof with the application. * Must provide an official high school transcript. * Must submit **two (2) typed letters of recommendation**: One (1) letter must be from a high school staff member and one (1) letter must be from a Community Service Organization. Both letters must be signed and on the appropriate organization’s letterhead. * Must submit a typed **2-page maximum essay using 12 pt Times Roman font**. The essay must include a discussion on how your academic achievements have prepared you for your future goals, why you should be a recipient of the Academic Scholarship, and a **detailed** description of the following points to substantiate your request: * Any special academic awards and achievements * Participation in extracurricular activities (include time spent and any leadership positions held) * Active participation in community service * A discussion of your need for financial assistance * Must complete and sign the scholarship application. * Must sign the attached media waiver. * Electronic signatures will not be accepted. * Finalists will be selected by the scholarship committee based on scholarship requirements submitted. * Finalists must participate in an interview before the Scholarship Committee. A member of the Scholarship Committee will contact you to schedule your interview. * Students may only apply for **one** scholarship. * Dependents of members of Delta Sigma Theta Sorority, Inc. are **ineligible** to participate in the scholarship.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Academic Scholarship Application**  **Student Information: (Please type or print legibly)**   |  |  |  |  | | --- | --- | --- | --- | | **Name:** | | **DOB:** | | | **E-mail** | | | | | **Address** | | | | | **City:** | **State:** | | **Zip:** | | **Home Phone:** | | **Cell Phone:** | | | **Parent/Guardian Name** | | | | | **Parent/Guardian Phone Number:** | | | | | **Parent/Guardian is a member of Delta Sigma Theta Sorority, Inc.: Yes No** | | | | |   **To be completed by High School Guidance Counselor:**   |  |  | | --- | --- | | **High School:** | | | **Guidance Counselor Name:** | **Signature:** | | **GPA (Unweighted/Weighted):** | | | **Free or Reduced Lunch: Yes No** | | | **SAT (Total Score):** | **ACT (Total Score):** |  |  |  | | --- | --- | | The information provided in my application packet is, to the best of my knowledge, complete and accurate. I understand that any false statements in this application may disqualify me from consideration of the scholarship award(s). I also understand and agree that any and all information submitted as part of this application packet will become property of the Jacksonville Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated and will be kept confidential. By signing below, I agree to accept the decision of the scholarship committee. | | | **Applicant Signature:** | **Date:** | | **Parent Signature:** | **Date:** |   Applications must be postmarked by **March 27, 2015**. Incomplete Applications and those postmarked after March 27, 2015 will NOT be considered by the scholarship committee.    **MEDIA WAIVER**  I, the parent/guardian of (print applicant’s name) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** consent to the release of photographs, videos, audio and other related recorded materials captured during the scholarship awards program. Such materials shall remain the sole property of the Jacksonville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and shall not be sold to any entity.  **BY MY SIGNATURE, I AM INDICATING THAT I HAVE READ AND UNDERSTAND THE FOREGOING INFORMATION.**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **Signature of Participant Date**    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **Signature of Parent Date**  **Checklist:**   * Completed, signed scholarship application * Signed media waiver * SAT and/or ACT documentation * Official high school transcript * Two (2) typed letters of recommendation * Essay   Mail Completed Application Packet to:  Delta Sigma Theta Sorority, Inc.  Jacksonville Alumnae Chapter  ATTN: Scholarship Committee  P.O. Box 2435  Jacksonville, FL 32203 |