

DELTA SIGMA THETA SORORITY, INC.
HARFORD COUNTY ALUMNAE CHAPTER
SCHOLARSHIP APPLICATION 2019

THE HARFORD COUNTY ALUMNAE CHAPTER IS OFFERING ITS ANNUAL **SCHOLARSHIP AWARDS** TO 2019 GRADUATING SENIORS WHO RESIDE IN HARFORD OR CECIL COUNTIES BECAUSE WE HAVE A SINCERE INTEREST IN THE FUTURE ACADEMIC ENDEAVORS OF OUR YOUTH. THESE SCHOLARSHIP AWARDS ARE \$1,000 NON-RENEWABLE GRANTS.

WE ENCOURAGE EACH OF YOUR QUALIFIED STUDENTS TO APPLY FOR THIS ONE-TIME OPPORTUNITY BY SUBMITTING:

- A COMPLETED SCHOLARSHIP APPLICATION
- A COPY OF THE ACCEPTANCE LETTER FROM THE COLLEGE OR UNIVERSITY THE APPLICANT PLANS TO ATTEND
- AN OFFICIAL TRANSCRIPT
- THE DATA REQUESTED IN PART II
- THE ESSAY(S), 150 – 250 WORDS, AS DESCRIBED IN PART III
- THE LETTER(S) OF RECOMMENDATION AS DESCRIBED IN PART III; AND
- HIGH SCHOOL COUNSELOR'S REPORT ON PAGE 4
- PHOTO (OPTIONAL)

APPLICATIONS MAY BE OBTAINED FROM EACH HIGH SCHOOL COUNSELOR IN HARFORD AND CECIL COUNTIES, ON YOUR SCHOOL'S SCHOLARSHIP PORTAL, AND/OR DOWNLOADED FROM THE HCAC WEBSITE: WWW.DST-HARFORDCOUNTYALUMNAE.ORG.

EACH APPLICANT MUST SUBMIT ALL INFORMATION TO BE **POSTMARKED BY, MARCH 25, 2019**, MAILED TO THE FOLLOWING ADDRESS:

DELTA SIGMA THETA SORORITY, INC.,
HARFORD COUNTY ALUMNAE CHAPTER
C/O SCHOLARSHIPS COMMITTEE
P.O. BOX 315
ABERDEEN, MD 21001

ALL QUESTIONS SHOULD BE DIRECTED TO:
SCHOLARSHIP@DST-HARFORDCOUNTYALUMNAE.ORG

SINCERELY,

Kira Sconion
CHAPTER PRESIDENT

Lora Williams
FIRST VICE PRESIDENT
CHAIR, SCHOLARSHIPS COMMITTEE

DELTA SIGMA THETA SORORITY, INC.
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SCHOLARSHIP APPLICATION 2019

PLEASE TYPE OR PRINT (USE BLUE OR BLACK INK ONLY)

PART I – ALL INFORMATION IN THIS SECTION RELATES TO THE STUDENT APPLICANT

NAME _____ GENDER: F / M (CIRCLE ONE)
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: () _____ - _____ BEST PHONE: () _____ - _____ GPA: _____

NAME OF HIGH SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PART II – PROVIDE THE FOLLOWING DATA ON A SEPARATE SHEET AND SPECIFY EACH YEAR OF PARTICIPATION AND POSITIONS OR OFFICES HELD:

1. LIST ALL SCHOOL RELATED EXTRACURRICULAR ACTIVITIES THAT YOU HAVE PARTICIPATED IN DURING THE PAST FOUR (4) YEARS. INDICATE LEADERSHIP POSITIONS, IF APPLICABLE.
2. LIST ANY ACADEMIC AWARDS/HONORS YOU HAVE RECEIVED DURING THE PAST FOUR (4) YEARS.
3. LIST ALL COMMUNITY RELATED ACTIVITIES FOR WHICH YOU HAVE BEEN AN ACTIVE PARTICIPANT. INDICATE LEADERSHIP POSITIONS, IF APPLICABLE.
4. IN A WELL WRITTEN COMPOSITION OF 150-250 WORDS, EXPLAIN YOUR CAREER GOAL(S) AND EDUCATIONAL PLAN TO PURSUE YOUR GOAL(S).

PART III – SCHOLARSHIP DESCRIPTIONS AND ELIGIBILITY CRITERIA

WE WILL AWARD FOUR TYPES OF SCHOLARSHIPS. A STUDENT MAY APPLY FOR ONE OR MORE AS APPROPRIATE, BY SUBMITTING THE REQUIRED DOCUMENTATION. HOWEVER, ONLY ONE SCHOLARSHIP WILL BE AWARDED TO EACH STUDENT. PLEASE SEE PAGE 3 FOR THE LIST OF SCHOLARSHIPS.

Harford County Alumnae Chapter

I HEREBY CERTIFY THAT ALL STATEMENTS MADE HEREIN AND ON ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. SUBMISSION OF FALSE INFORMATION WILL RESULT IN DISQUALIFICATION. **INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED.**

PRINT YOUR NAME: _____

SIGNATURE: _____ **DATE:** ____/____/____

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LIST OF SCHOLARSHIPS

CHECK THE BOX OF THE SCHOLARSHIP(S) FOR WHICH YOU ARE APPLYING:

PUBLIC SERVICE SCHOLARSHIP

- AWARDED TO A STUDENT WHO HAS A PASSION FOR PUBLIC SERVICE
- PUBLIC SERVICE IS A VOLUNTEER EFFORT THAT PROVIDES A SERVICE TO THOSE IN NEED AND HAS A LASTING POSITIVE IMPACT ON THE COMMUNITY AT LARGE
- ONE YEAR OF CONSISTENT PUBLIC SERVICE IN THE LAST 18 MONTHS (IF AN APPLICANT HAS WORKED WITH AN ORGANIZATION FOR LESS THAN A YEAR, MULTIPLE LETTERS FROM OTHER ORGANIZATIONS CAN BE PROVIDED TO PROVE CONSISTENT SERVICE FOR AT LEAST ONE YEAR) EX: VOLUNTEER AT A SOUP KITCHEN, ORGANIZE A BLOOD DRIVE, ETC.
- LETTER OF RECOMMENDATION FROM ONE OR MORE OF THE SERVICE ORGANIZATIONS WITH WHICH THEY HAVE WORKED, WHICH INCLUDES THE AMOUNT OF TIME THE STUDENT HAS SERVED. LETTER MUST BE ON ORGANIZATION'S LETTERHEAD, AND SIGNED WITH PEN/INK
- PROVIDE AN ESSAY SUMMARIZING THE IMPACT OF YOUR PUBLIC SERVICE EFFORTS, IN NO MORE THAN 250 WORDS
- NO GPA THRESHOLD

ACADEMIC SCHOLARSHIP

- AWARDED TO A STUDENT WITH HIGH ACADEMIC ACHIEVEMENT
- MINIMUM 3.8 GPA ON A NON-WEIGHTED SCALE OR 4.3 GPA ON A WEIGHTED SCALE
- LETTER OF RECOMMENDATION THAT SPEAKS TO THE STUDENT'S ACADEMIC SUCCESS FROM THE SCHOOL COUNSELOR OR A TEACHER
- PROVIDE AN ESSAY SUMMARIZING HOW YOU ACHIEVED ACADEMIC SUCCESS AND YOUR THOUGHTS ON HOW TO MOTIVATE OTHERS TO DO THE SAME, IN NO MORE THAN 250 WORDS

HBCU SCHOLARSHIP

- AWARDED TO A STUDENT WHO WILL ATTEND AND CONTINUE TO PURSUE AND EXEMPLIFY THE MISSION OF AN HBCU
- LETTER OF ACCEPTANCE FROM AN HBCU
- MINIMUM 3.0 GPA ON A NON-WEIGHTED SCALE OR 3.5 GPA ON A WEIGHTED SCALE
- LETTER OF RECOMMENDATION FROM A SCHOOL COUNSELOR OR TEACHER
- PROVIDE AN ESSAY DESCRIBING A MINORITY FIGURE WHO HAS INSPIRED YOU TO ACHIEVE EXCELLENCE AND HOW THAT HAS IMPACTED YOUR LIFE, IN NO MORE THAN 250 WORDS

STEM SCHOLARSHIP

- AWARDED TO FEMALE APPLICANTS ONLY, WHO WILL PURSUE A STEM PATH OF STUDY
- TRANSCRIPT SHOULD SHOW A HIGHER NUMBER OF STEM-RELATED COURSES
- MINIMUM 3.0 GPA ON A NON-WEIGHTED SCALE OR 3.5 GPA ON A WEIGHTED SCALE
- LETTER OF RECOMMENDATION FROM A STEM TEACHER
- PROVIDE AN ESSAY EXPLAINING WHAT HAS INSPIRED YOU TO PURSUE A STEM-RELATED AREA OF STUDY AND WHAT WOULD ENCOURAGE OTHER FEMALES TO TAKE THE SAME PATH, IN NO MORE THAN 250 WORDS

DELTA SIGMA THETA SORORITY, INC.
HARFORD COUNTY ALUMNAE CHAPTER
SCHOLARSHIP APPLICATION 2019
HIGH SCHOOL COUNSELOR REPORT
(PLEASE PRINT USING BLACK OR BLUE INK ONLY OR TYPE)

TO BE COMPLETED BY THE STUDENT:

THE APPLICANT SHOULD COMPLETE THE SECTION BELOW AND GIVE TO A SCHOOL COUNSELOR OR TEACHER FOR COMPLETION. OFFICIAL SCHOOL PERSONNEL MUST SIGN THIS FORM. **THIS FORM MUST ACCOMPANY YOUR APPLICATION.**

STUDENT'S NAME: _____
HOME ADDRESS: _____

NAME OF HIGH SCHOOL: _____
SCHOOL ADDRESS: _____

SIGNATURE OF STUDENT _____ / / _____ / / _____
DATE

TO THE COUNSELOR OR TEACHER:

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO THE STUDENT TO INCLUDE WITH THE SCHOLARSHIP APPLICATION.

1. EVALUATE THE APPLICANT'S PERSONAL QUALIFICATIONS USING THE FOLLOWING KEY:

1 - OUTSTANDING 2 - AVERAGE 3 - BELOW 4 - NO BASIS FOR JUDGMENT

_____ **DEPENDABILITY:** RELIABILITY, PROMPTNESS, ATTENDANCE

_____ **MATURITY:** POISE, HANDLES VARIOUS SITUATIONS APPROPRIATELY

_____ **BEHAVIOR:** WELL MANNERED, RESPECTFUL, COOPERATIVE

_____ **WORK HABITS:** INDUSTRIOUS, TAKES INITIATIVE, SELF-RELIANT

_____ **LEADERSHIP:** POSITIVE INFLUENCE, MOTIVATES OTHERS

_____ **CONFLICT RESOLUTION:** SETTLES CONFLICT/DISPUTES USING APPROPRIATE METHODS IN LIEU OF PHYSICAL OR VERBAL AGGRESSION

Please place official school seal in this box.

2. COMMENTS:

IN YOUR OPINION, IF THE APPLICANT IS OUTSTANDING OR BELOW AVERAGE IN ANY FACTOR, PLEASE GIVE REASON FOR YOUR EVALUATION:

_____ **Harford County Alumnae Chapter** _____

OFFICIAL SCHOOL PERSONNEL'S SIGNATURE: _____

TITLE: _____

OFFICE TELEPHONE #: () _____ - _____

DATE: ____ / ____ / ____