

DELTA SIGMA THETA SORORITY, INC.
HARFORD COUNTY ALUMNAE
SCHOLARSHIP APPLICATION 2016

SEPTEMBER 2016

DEAR APPLICANT:

THE HARFORD COUNTY ALUMNAE CHAPTER IS OFFERING ITS ANNUAL **SCHOLARSHIP AWARD** TO 2016 GRADUATING SENIORS FROM HARFORD AND CECIL COUNTIES BECAUSE WE HAVE SINCERE INTEREST IN THE FUTURE ACADEMIC ENDEAVORS OF OUR YOUTH. THIS SCHOLARSHIP AWARD IS A \$1,000 NON-RENEWABLE GRANT.

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 (TRANSCRIPT SHOULD INCLUDE GPA & SAT/ACT SCORE)
- THE LIST OF RESPONSES TO DATA REQUESTED IN PART II
- AN ESSAY, NOT TO EXCEED ONE (1) PAGE, EXPLAINING HIS/HER CAREER GOAL(S) AND PLAN(S) TO PURSUE THE GOAL(S)
- ONE (1) LETTER OF RECOMMENDATION FROM A TEACHER IN HIS/HER HIGH SCHOOL; AND
- HIGH SCHOOL COUNSELOR'S REPORT

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** ON OR RECEIVED BEFORE SATURDAY, **JANUARY 30, 2016**, AT THE FOLLOWING ADDRESS:

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

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

CANDIDATES WILL BE NOTIFIED BY TELEPHONE AND/OR VIA THE FIRST-CLASS MAIL DURING THE MONTH OF MARCH 2016 IN REGARD TO THE OUTCOME OF HIS/HER APPLICATION.

SINCERELY,

Sandra Richburg
CHAPTER PRESIDENT

Kira Sconion
FIRST VICE PRESIDENT
CHAIR, SCHOLARSHIP COMMITTEE

DELTA SIGMA THETA SORORITY, INC.
HARFORD COUNTY ALUMNAE
SCHOLARSHIP APPLICATION 2016

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 100-150 WORDS, EXPLAIN YOUR CAREER GOAL(S) AND EDUCATIONAL PLAN TO PURSUE YOUR GOAL(S).

PART III - PROVIDE AN OFFICIAL TRANSCRIPT TO INCLUDE GPA & SAT/ACT SCORE:

LIST THE COLLEGE TO WHICH YOU HAVE BEEN ACCEPTED ALONG WITH **A COPY OF AN ACCEPTANCE LETTER FROM THE COLLEGE OR UNIVERSITY.**

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PART IV - PLEASE PROVIDE ONE LETTER OF RECOMMENDATION FROM A TEACHER IN YOUR HIGH SCHOOL.

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:** ____/____/____

DELTA SIGMA THETA SORORITY, INC.
HARFORD COUNTY ALUMNAE
SCHOLARSHIP APPLICATION 2016
HIGH SCHOOL COUNSELOR REPORT
(PLEASE PRINT 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** _____

3. WOULD YOU RECOMMEND THIS STUDENT FOR A SCHOLARSHIP?

_____ RECOMMENDED _____ RECOMMENDED WITH RESERVATION

_____ NOT RECOMMENDED _____ NO BASIS FOR JUDGMENT

OFFICIAL SCHOOL PERSONNEL'S SIGNATURE: _____

TITLE: _____

OFFICE TELEPHONE #: () _____ - _____

DATE: ____ / ____ / ____