



Delta Sigma Theta Sorority, Incorporated

Birmingham Alumnae Chapter

P.O. Box 1842, Birmingham, AL 35201-1842

Phone: 205-923-4111 website: www.birminghamdst.org

Email: BHAMdst@birminghamdst.org

2017 - 2018 HIGH SCHOOL SCHOLARSHIP APPLICATION RESPONSIBILITIES OF THE APPLICANT

Applicants must submit a completed application and all other requested documents in **ONE ENVELOPE** to the above address by **March 6, 2018**. Applications received after **March 6, 2018** will not be considered.

Applicants are responsible for having their academic records (**OFFICIAL TRANSCRIPT with ACT/SAT score included on the transcript**) verified by a school official; **TWO (2) LETTERS** of recommendation from **1) Counselor and Teacher or 2) Principal and Teacher or 3) Counselor and Principal**; and **ONE (1) COMMUNITY SERVICE LETTER on AGENCY LETTERHEAD** to the scholarship committee **IN SEALED ENVELOPES**. Please submit a photo for display purposes and return the enclosed Media Release Form along with the completed application. Applicants must type or print all information with a black ballpoint pen. All paperwork must be received by **March 6, 2018**.

PART I: PERSONAL DATA

Name: _____
Last First Middle

ADDRESS: _____

PHONE NUMBER: _____
HOME NUMBER CELL PHONE

DATE OF BIRTH: _____

PART II: EDUCATIONAL BACKGROUND

High School: _____

School District: _____

Dates Attended: _____

Rank in Class: _____

GPA: _____ ACT SCORE: _____

NOTICE OF NONDISCRIMINATORY POLICY: The Scholarship Committee of the Birmingham Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated encourages individuals of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to individuals applying for scholarship. We do not discriminate on the basis of race, color, national and ethnic origin in the disbursement of any scholarship award.

HONORS, AWARDS, AND SPECIAL ACHIEVEMENTS:

1. _____
2. _____

Have you been awarded a scholarship/book stipend by another organization or school?
Yes _____ No _____ If yes, which organization or school _____

PART III: SPECIAL TALENTS AND WORK EXPERIENCE

A. List organization(s) membership and offices held:

1. _____
2. _____

B. Extracurricular activities, Greek organization and Community activities:

1. _____
2. _____
3. _____

C. List any work experience. Give job title, employer and dates of employment.

1. _____
2. _____

PART IV: PROPOSED EDUCATIONAL PLAN

State your major goals and educational objectives below: Add additional sheets if needed

**PART V: FINANCIAL STATUS
PARENTAL SUPPORT**

Father/Guardian/Grandparent

Last Name **First Name**

Address: _____

Occupation: _____

Job Title

Mother/Guardian/Grandparent

Last Name **First Name**

Address: _____

Occupation: _____

Job Title

Is your mother a member of Delta Sigma Theta Sorority, Inc.? Yes _____ No _____

HOUSEHOLD OF THE SCHOLARSHIP APPLICANT:

Note: A dependent is an individual living in the same household as the applicant that is under the age of 18 or a college student under the age of 26 who is dependent upon the parent(s) or legal guardians for support.

Name	Age	School	Grade

Annual total family income from all sources: \$ _____

**Completed Scholarship Application Checklist
(All Documents Must Be Submitted Together)**

- Completed Scholarship Application**
- A Sealed Official Transcript Verified by a School Official; ACT/SAT Score must be included on the OFFICIAL TRANSCRIPT**
- Two (2) Sealed Letters of Recommendation;**
- One (1) Sealed Letter Verifying Community Service on Agency Letterhead**
- Signed Media Release**
- Submission of Photo for Poster**



Delta Sigma Theta Sorority, Inc.

BIRMINGHAM ALUMNAE CHAPTER

P.O. Box 1842

Birmingham, Alabama 35201-4111

www.birminghamdst.org

bhamdst@birminghamdst.org

**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR
NON-PROFIT USE (e.g. educational or public service purposes)**

Student (**Applicant**) Name:

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the student named above by **Delta Sigma Theta Sorority- Birmingham Alumnae Chapter**.

I also grant to **Delta Sigma Theta Sorority- Birmingham Alumnae Chapter** the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release **Delta Sigma Theta Sorority- Birmingham Alumnae Chapter** and its members from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____

Address of Student: _____