***GADSDEN COUNTY FLORIDA ALUMNAE CHAPTER***

***DELTA SIGMA THETA SORORITY, INC.***

***SCHOLARSHIP APPLICATION***



Dear Applicant:

Delta Sigma Theta Sorority, Inc., Gadsden County Florida Alumnae Chapter (GCFLA), a public service sorority, will recognize and honor students who are committed to academic excellence, positive leadership, and community service. The scholarship will be awarded to a graduating high school senior residing in Gadsden County.

Applicants will be evaluated on the basis of scholastic achievement, community service, a written essay, and one letter of recommendation. Applicants must possess a minimum grade point average of 3.0 and plan to enroll full-time or is currently in an accredited 2 or 4-year college/university.

The following **must be returned to GCFAC in one packet:**

1. Completed application must be **TYPED.**
2. **Application** must be **signed**.
3. Written Essay- Future goals and aspirations should be included in the packet.

**Essay Title** - “Why Am I a Good Candidate for the Scholarship?” **(Must be typed, double spaced, and a maximum of 500 words.)**

1. One **(1)** Letter of Recommendation

 A teacher, staff or faculty member should write the letter of recommendation. The letter **must be on official letterhead**, **typewritten and signed.**

1. Copy of official transcript. (The **envelope must be sealed**).

**Incomplete and handwritten applications WILL NOT be considered**.

Please forward the completed application to the following address:

**Gadsden County Florida Alumnae Chapter Delta Sigma Theta Sorority, Inc.**

**ATTN: Scholarship Committee**

**P.O. Box 1566**

**Quincy, Florida 32353**

**(Postmarked no later than May 5, 2019)**

 For more information please contact the Gadsden County Florida Alumnae Chapter Scholarship Committee chair (850/294-8715).

Sincerely,

*Betty James*

*Richele Robinson*

Betty James, Chapter President

Dr. Richele Robinson, Scholarship Chair

**GADSDEN COUNTY FLORIDA ALUMNAE CHAPTER**

**DELTA SIGMA THETA SORORITY, INC.**

**SCHOLARSHIP APPLICATION**

# APPLICATION FORM

**Instructions:** Please **TYPE**. For those questions that do not apply, indicate N/A.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Code

E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: Home\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status \_\_\_\_\_\_\_ No. of Dependents \_\_\_\_\_\_\_

 **EDUCATION**

High School/College/University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street

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 City State Zip Code

School Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Course of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List high school extracurricular activities, any offices held honors and/or awards received through participation in these activities. (Attach additional sheets if necessary).

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Describe any church/community-related activities in which you have participated and your role in them. (Attach additional sheet if necessary).

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Describe any after-school and/or summer employment you have had during the past two years.

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Are you, at present, the recipient of any scholarship or the beneficiary of any other financial aid? If so, please specify.

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date**

**MAIL COMPLETED APPLICATION WITH ATTACHMENTS TO:**

**SCHOLARSHIP AND AWARDS COMMITTEE GADSDEN COUNTY FLORIDA ALUMNAE CHAPTER**

**DELTA SIGMA THETA SORORITY, INC.**

## POST OFFICE BOX 1566 QUINCY, FLORIDA 32353