

GEORGETOWN ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY,
INCORPORATED



ACADEMIC AND NEED BASED
SCHOLARSHIP APPLICATION

GEORGETOWN ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INCORPORATED
ACADEMIC SCHOLARSHIP

CRITERIA

In order to qualify for Georgetown Alumnae Chapter's **Academic Scholarship**, a student must meet the following requirements:

- **Must** be an African American female senior attending school in one of the Georgetown County School District's four high schools.
- **Must** have a 3.00 GPA or higher using the South Carolina Uniform grading scale.
- **Must** submit two letters of recommendation (one from a faculty member from your high school and one from a community member).
- **Must** participate in a brief interview with members of the Georgetown Alumnae Chapter of Delta Sigma Theta Sorority's Scholarship Committee.
- **Must** submit a senior picture and provide a signature giving permission for the picture to be used in Delta and/or newsworthy publications.

Award

- The applicant will be judged based on academic, extra-curricular achievement, oral and written communication skills, and aptitude for completion of the application.
- **Two (2) \$ 1000 scholarships will be awarded to a student from each of the four high schools in the Georgetown County School District.**

BIOGRAPHICAL SKETCH

STUDENT’S FULL NAME: _____

FATHER’S FULL NAME: _____

MOTHER’S FULL NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (H) _____(C) _____

Email _____

HIGH SCHOOL: _____

EXTRA CURRICULAR ACTIVITIES

| NAME OF ORGANIZATION | OFFICE HELD, IF ANY | DATE |
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HOBBIES OR SPECIAL
INTERESTS _____

EDUCATIONAL PLANS (School, expected major, career goals)

SCHOLARSHIPS RECEIVED TO-DATE:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

ESSAY: Write and attach a brief essay on a philosophy, interest, person, and/or an activity that has contributed most to your personal growth.

MARY ELLA WRIGHT GREENE **NEED BASED SCHOLARSHIP**

CRITERIA

In order to qualify for Georgetown Alumnae Chapter's Mary Ella Wright Greene Need Based Scholarship, a student must meet the following requirements:

- **Must** be an African American female senior attending school in one of the Georgetown County School District's four high schools.
- **Must** have a 3.00 GPA or higher using the South Carolina Uniform grading scale.
- **Must** be a student in need as defined by financial information identified through federal guidelines such as free and reduced lunches or eligible for federal financial aid.
- **Must submit a statement of need for financial assistance.**
- **Must** provide two letters of recommendation from individuals who have knowledge of the applicants need for financial assistance.
- **Must** participate in a brief interview with members of the Georgetown Alumnae Chapter of Delta Sigma Theta Sorority's Scholarship Committee.
- **Must** submit a senior picture and provide a signature giving permission for the picture to be used in Delta and/or newsworthy publications.

Financial Information

Identify the number of family members in your household: Adult (s) _____ Children _____

Select the combined income level of your parent (s) or guardian (s) for the year 2016:

- | | |
|------------------------|------------------------|
| A. \$0 - \$24,999 | C. \$40,000 - \$74,999 |
| B. \$25,000 - \$39,999 | D. \$75,000 + |

Award

- The applicant will be judged based on need, academic and extra-curricular achievement, communication skills and aptitude for completion of the application.
- **One (1) \$ 500 scholarship will be awarded to a student from each of the four high schools in the Georgetown County School District.**

Note: The applicant may apply for the Academic and/or the Mary Ella Wright Greene Need Based Scholarship. However, each recipient will receive only one scholarship award.

TO BE COMPLETED BY YOUR HIGH SCHOOL COUNSELOR:

Recipient's Name: _____ Grade Point Average (weighted) _____

Class Standing: _____ Number of Students in your class: _____ Graduation Date: _____

SAT Score: _____ ACT Score: _____ Transcript: _____

Student meets federal guidelines for free/reduced lunch program and/or financial assistance.

Applicant's Signature: _____

AN OFFICIAL SCHOOL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION.

PLEASE INDICATE TIME, PLACE AND LOCATION FOR PRESENTATION OF SCHOLARSHIP TO RECIPIENT:

Date: _____

Time: _____

City: _____

Location: _____

SCHOOL OFFICIAL TO BE CONTACTED REGARDING ARRANGEMENTS:

Counselor's Signature: _____

This completed application must be mailed to the following address and received by 5:00 on April 13, 2018:

**Georgetown Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Attn: Tamara Tucker
P.O. Box 1113
Georgetown, SC 29442**

Note: If you receive notice that you are a GAC 2018 scholarship recipient, you must complete and submit the "Recipient's Request for Funds Form" in order to receive the funds for the scholarship award in a timely manner. The completed form must be received by June 1, 2017. All funds will be submitted to the school of the recipient's choice. See the following page of this packet for the Request for Funds Form.

**Georgetown Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Recipient's Request for Funds Form**

Recipient's Full Name: _____ Date: _____

Name of the Scholarship Award: _____ Amount: _____

Name of the
College/University: _____

Address of the College/University: _____

To whom the scholarship should be sent: _____

Date the scholarship is due to the college: _____

Student Identification Number: _____

This completed form should be submitted directly to:

**The Georgetown Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated
Attn: Tamara Tucker
P.O. Box 1113
Georgetown, SC 29442**

For GAC Use Only

Date Received: _____ Date Issued/Mailed _____

Financial Secretary _____

Revised 3/1/2018