### Delta Sigma Theta Sorority, Inc.

A Service Sorority
Hinesville Alumnae Chapter



# 2015 - 2016 The Annie B Givens College Scholarship Application

Applications must be postmarked <u>and</u> returned via mail to:

Sarah C. Stevens

Delta Sigma Theta Scholarship Awards Committee
P.O. Box 1981

Hinesville, GA 31310

by

March 28, 2016

(Applications received after this date will not be considered)



## **Application Checklist\***

Before sealing your package, please make sure all items listed below are included:

	Completed and signed scholarship application (Signed by Applicant and Parent/Guardian)
	Essay (typed)
m	Two letters of recommendation on official letterhead (one letter ust be from one of your current teachers) Letters must not be from family embers. (NOTE: Letters must be signed, typed on letterhead and enclosed in a sealed envelope.
	Official High School Transcript (sealed)
	Proof of College Acceptance
	Disclaimer for Scholarship Funds Disbursement (Signed by Parent/Guardian)

\*Missing any of the above items will result in an incomplete package and will not be considered for an award.

Confidentiality Notice: All information and responses submitted in this application packet is strictly confidential and is intended solely for the use by the members of

Hinesville Alumnae Chapter – Delta Sigma Theta Sorority, Inc.



Delta Sigma Theta Sorority, Inc. is an international public service sorority that is comprised of more than 200,000 predominately African-American women. Encouraging young people to excellence through higher education is a primary focus of our organization. We support this focus by awarding scholarships to young people who exemplify academic excellence, strong leadership, and community involvement.

Applications for scholarships must be postmarked by Monday, March 28, 2016 and returned via mail. Notification of awards will be made by the end of April, 2016.

#### SCHOLARSHIP GUIDELINES

#### Incomplete or late applications will not be considered.

- Applicants must be graduating high school seniors who live or attend school in Liberty, Bryan, Long or Wayne County. Applicants must attend an accredited college, university, or technical school in pursuit of a degree.
- Applicants must have at least a 3.0 cumulative Grade Point Average on a 4.0 scale in order to
  qualify for a scholarship award. For schools not operating on a 4.0 scale, we will accept the
  equivalent. Applicants are required to submit an official high school transcript in a sealed envelope
  and proof of college acceptance.
- All **official communication** regarding the application process will transpire via e-mail. Please ensure that email address is legible and accurate on the application. Failure to receive email communication rests solely with the applicant.
- Applicants are required to submit two typed letters of recommendation. Letters must be signed,
   typed on official letterhead and enclosed in a sealed envelope.
- Parent/Guardian is required to sign a Scholarship Funds Disbursement Disclaimer.

Applicants are required to submit a typed essay that answers the following statement:

# Share your personal point of view on your most significant challenge or accomplishment and its value to your life.

The essay is an important part of the selection process. **Essay must be double-spaced, 12 point Times New Roman font, 2 page maximum, one inch margin on all sides, name typed in the upper right-hand corner of each page.** In reviewing the essays, the judges will consider the following criteria in selecting winners:

- Creativity
- Correct use of grammar and punctuation
- Originality and quality of ideas presented
- Organization of essay

Mail completed application package to: Sarah C. Stevens, Delta Sigma Theta Scholarship Awards Committee P.O. Box 1981, Hinesville, GA 31310



#### **Student Profile:**

Name				<del></del>
Address				<u> </u>
City/State/Zip				
Home Phone		Cell	Phone	
Email Address				
Parent/Guardian				
Parent/Guardian Address (if different	rent from abo	ove)		
Parent/Guardian Phone (if differe	nt from above	e)		
Annual Family Income: Select the \$75,001 and above;\$40,001 - \$50,000; _	\$60,001	- \$75,000;		and below
Academic Profile: High School Name				
High School Address				
City/State/Zip			Phone	
Cumulative Grade Point Average (	(on a 4.0 scale	e)		
<ul> <li>→ Please include your official high</li> <li>→ Please include proof of college</li> <li>Employment:</li> </ul>	_	nscript in a	sealed envelope with application	
Are you currently employed?		□NO		
If yes, Employer Name Position	Data Emp		Avaraga haurs worked	per week

#### **Leadership/Community Service Profile:**

List any activities (i.e. clubs, church, organizations, sports) in which you have been involved and any leadership roles held. **You may attach a separate sheet if more space is needed.** 

ORGANIZATION/ACTIVITY	LEADERSHIP ROLE/OFFICE HELD	DATES INVIOLVED
	a., academic, church, community, sports)	
Collegiate Goals		
Please list the colleges to which yo	·	
1 2		
What course of study do you plan	to pursue?	
Please list any other scholarships f	or which you have applied.	
Kelelelices - Fist two below		
	Phone Number	
	Phone Number	

Please have your references submit a typed letter of recommendation for you. Each letter of recommendation should be signed, typed on letterhead and placed in a sealed envelope and returned to the applicant to be included in the application package. A separate sheet with instructions for references is included. Letters should be addressed to Delta Sigma Theta Sorority, Inc., Hinesville Alumnae Chapter and include:

- Name and address of reference
- Relationship to applicant
- How long reference has known applicant
- Information regarding why applicant should receive the scholarship award



#### **CERTIFICATIONS**

Parent/Guardian Signature

Please indicate by your signatures (original signatures only) below that you certify that the statements below are correct.

1. I certify that all information provided is correct and complete to the best of my knowledge.

verify that i infor	e the Hinesville Alumnae Chapter of Delta y any information contained in my inform misrepresentation of any information or mation will result in disqualification to be y award that I may receive and there is n	nation package, as necessary. I ur the submission of inaccurate or in e considered for a scholarship or f	nderstand ncomplete
2. I	certify that the applicant is: (please chec	ck all that apply)	
	$\ \square$ a resident or attends high	school in Liberty, Bryan, Long or V	Wayne counties
	$\square$ a high school senior gradu	ating in 2016	
the c	understand that if the applicant is award ollege/university once the proper verificant to the Hinesville Alumnae Chapter o	ation forms have been completed	•
unres inclui or an	hereby grant the Hinesville Alumnae Chastricted right and permission to use and reding photograph, television broadcast, viby other form of electronic or print community purposes without payment or any other	re-use my likeness in any and all pideo recording, internet sites, aud nunication (the Promotional Mate	oublications, lio-recording rials), for its
Applicant Signature		Date	

Date



#### **SCHOLARSHIP APPLICATION DISCLAIMER**

2015-2016 Scholarship Application Form

#### AGREEMENT FOR DISBURSEMENT OF SCHOLARSHIP FUNDS

, (Parent/Guardian) acknowledge and understand
that the scholarship awards received by the winners will only be disbursed directly to the university/college
or technical school identified by the scholarship recipient.
(Student's Name).
Scholarship Awards must be claimed within the upcoming academic school year from date of award, or the award will be forfeited. No exceptions.
The Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. reserves the right to determine increments of scholarship disbursements based on award amount and student maintaining a good academic standing in accordance with their university, college or technical school.
The Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. will forward these funds to the institution upon receipt of the enrollment Verification Form or the Official Registration Schedule.
Funds will be placed in student's account with the Financial Aid Office and/or Student Affairs Office.
I recognize and accept these conditions for the disbursement of any scholarship award that my child may receive.
Parent/Guardian Signature
 Date



#### INSTRUCTIONS TO BE GIVEN TO REFERENCES

Please have your references submit a typed letter of recommendation for you. These letters should be on official letterhead, addressed to Delta Sigma Theta Sorority, Inc., Hinesville Alumnae Chapter and include:

- Name and address of reference
- Relationship to applicant
- How long reference has known applicant
- Information regarding why applicant should receive the scholarship award

The letter should be placed in a **sealed envelope** before returning to the applicant. Failure to supply all information listed will result in applicant receiving a **lower score**.



DELTA SIGMA THETA SORORITY, INC. HINESVILLE ALUMNAE CHAPTER 2015-2016 Scholarship Application Form

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