

Hattiesburg Alumnae Chapter
Delta Sigma Theta Sorority, Inc

Scholarship Guidelines

All Applicants must:	All Application Packets must include:
<ul style="list-style-type: none">✓ Be a 2019 graduating senior from a public or a private high school;✓ Attend a 2-or 4-year accredited college/university in the United States, beginning in the fall of 2019;✓ Have a 3.0 GPA or a "B" average or above;✓ Have an ACT score of 18 or above or SAT score of 800 or above.	<ul style="list-style-type: none">✓ Completed application, typed and signed;✓ Copy of official transcript and all recorded grades for your senior year including your latest ACT and/or SAT results and class rank;✓ Three (3) letters of recommendation**:<ol style="list-style-type: none">1. Scholastic letter from academic teacher,2. Scholastic letter from your guidance counselor or high school administrator, and3. Community service letter from a community service representative or coordinator. <p>(** Must be on official letterhead, typed and signed with position stated);</p> <ul style="list-style-type: none">✓ Essay/Brief Autobiography (type written 250 words to no more than 500 words)✓ Wallet size photograph (will not be returned)

Incomplete applications will not be considered. Applications should be postmarked by the deadline, March 31, 2019. No applications will be accepted after the deadline.

Please forward the completed application to the following address:

Hattiesburg Alumnae Chapter of Delta Sigma Theta Sorority, Inc
Scholarship Committee
Post Office Box 17347
Hattiesburg MS 39404

Scholarships will be awarded after receiving documented proof of enrollment in a secondary academic college/university.

Scholarship Committee

Pat Fluker, Chair- fluker61@att.net / 601.329.6613

Donald Hales

Melvia Jackson

Deborah Jordan

Stephanie Hoze

Qenteller Mattox

Arnecca Byrd

Hattiesburg Alumnae Chapter
Delta Sigma Theta Sorority, Inc
www.hattiesburgdst.org/scholarship

\$1000 SCHOLARSHIP APPLICATION
(Please Type)

I. STUDENT INFORMATION

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Email _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

II. HIGH SCHOOL INFORMATION

High School Attending _____

School Address _____

City _____ State _____ Zip _____

School Telephone _____

Student's Signature _____

Please attach a copy of official transcript. DO NOT SEND THE TRANSCRIPT SEPARATELY.

III. COLLEGE INFORMATION

College Choice _____

College Address _____ College Telephone _____

City _____ State _____ Zip _____

IV. PERSONAL ASPIRATIONS/CAREER GOALS. In one to two pages please describe your intended college major, career objective, and how you expect to contribute to society. Please express within this essay the importance the Delta Sigma Theta Sorority Inc. Scholarship assistance would have for you in meeting these goals. (Typed, double spaced, 250 words minimum/500 words maximum, attach separate sheets)

V. Letters of Recommendation. Please provide three (3) letters of recommendation: academic teacher, guidance counselor or high school administrator, and community service letter. Letters must be on official school letterhead, typed and signed, with position stated.

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VI. Volunteer/Work Experience/School Activities

School Organizations/Clubs/Sports (Indicate any offices held & years of involvement):

Honors & Awards:

Community/Church/or Other Activities:

Are you employed? Yes No If yes, what type of work and how many hours per week?

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Guidance Counselor Form

This portion of the application packet is to be completed by the applicant's guidance counselor and returned with application.

I. College Entrance Examination Score (ACT or SAT)

ACT COMPOSITE SCORE
OR

SAT COMPOSITE SCORE

**II. Student's Cumulative High School GPA and Class Rank
excluding spring semester senior year**

(Note: If your school uses a 5.0 system please figure using a 4.0 base)

Class Rank (Number / Class Size)

Guidance Counselor's Name Printed

Date

Guidance Counselor's Signature

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VII. CERTIFICATION

I, *(please print name)* _____, will graduate this spring and plan to continue my education in college starting fall of 2019. If I am a chosen recipient of this program, I understand that in order to accept the award I must attend a 2-or 4-year accredited college/university. I certify that all the information on this form is true and complete to the best of my knowledge.

Applicant's Signature

Date

**SUBMIT COMPLETE APPLICATION INCLUDING ALL DOCUMENTAION.
APPLICATION WILL NOT BE CONSIDERED UNLESS COMPLETE.
DO NOT SEND MATERIALS SEPARATELY.**

Checklist for attachments:

- APPLICATION COMPLETED AND SIGNED
- COPY OF OFFICIAL SCHOOL TRANSCRIPT
- ESSAY
- THREE RECOMMENDATION LETTERS ON OFFICIAL LETTERHEAD
- GUIDANCE COUNSELOR'S FORM (Completed and signed by guidance counselor)
- WALLET SIZED PHOTO (Will not be returned)
- SIGNED CERTIFICATION PAGE