DELTA SIGMA THETA SORORITY, INC.

ORLANDO ALUMNAE CHAPTER

2016 – 2017

SCHOLARSHIP APPLICATION PACKET

Received or Postmarked, on or before, March 17, 2017

HISTORY OF DELTA SIGMA THETA SORORITY, INC.

Delta Sigma Theta Sorority, Inc. was founded on January 13, 1913 at Howard University by twenty-two college-educated women committed to the constructive development of its members and to public service with a primary focus on the Black community. Information about Delta Sigma Theta Sorority, Inc. may be found at www.deltasigmatheta.org.

HISTORY OF ORLANDO ALUMNAE CHAPTER

On February 20, 1954, The Orlando Alumnae Chapter (OAC) of Delta Sigma Theta Sorority, Inc. was established. Since 1954, the Orlando Alumnae Chapter has increased from nine charter members to over 220 members. The chapter continues to fulfill our Founders' dreams of achieving excellence, providing scholarships, and rendering public service to the community. Additional information regarding the chapter and its many public service programs can be found at www.oacdst.org.

VISION OF THE SCHOLARSHIP COMMITTEE

The Orlando Alumnae Chapter pledges to enrich the lives of the Central Florida Area through service. The Scholarship Committee, one of many committees of the Chapter, has responsibility for overseeing the Orlando Alumnae Chapter Scholarship Program. The objective of the program is to provide scholarships annually to graduating orange county high school seniors who have excelled academically and/or contributed their talents to the improvement of their community.

ELIGIBILITY REQUIREMENTS

To be considered for a scholarship, applicants must:

- Be a graduating female or male EMBODI senior from a public or charter high school in Orange County and graduate in May or June 2017
- Have a minimum grade point average of 2.5 or higher (requirement may be higher depending upon scholarship)
- Plan to enter an accredited two-year or four-year university or college as a full-time freshman in the Fall of 2017 (additional acceptable institutions will be noted depending on scholarship, if applicable)
- Attend one of the two scholarship workshops presented by Delta Sigma Theta Sorority, Inc., Orlando Alumnae Chapter
- Complete the application as prescribed by the instructions herein

SCHOLARSHIP AWARDS & DISBURSEMENT

Orlando Alumnae will award scholarships based on financial availability.

Award recipients will be notified by **April 8, 2017**. Scholarship recipients will be recognized at the Minerva Awards program to be held **April**. The scholarship check will be disbursed to recipients upon receipt of your class schedule from the post-secondary institution you plan to attend. Recipients' scholarship awards will be forfeited if class schedules and college enrollment verification are not provided to the Orlando Alumnae Scholarship Committee by **November 3, 2017.**

DELTA SIGMA THETA SORORITY, INC.

ORLANDO ALUMNAE CHAPTER
(Chartered February 20, 1954)
P.O. Box 555238 ▲Orlando, FL 32855 ▲ Phone: (407) 826-0005
Website: www.oacdst.org ▲ *Email:* scholarship@oacdst.org

SCHOLARSHIP APPLICATION

(TYPE or PRINT ALL Information with a Black Ballpoint Pen)

Personal Information

Applicant Information

Name: _____ DOB: _____/_____/_____
Last First Middle

Address: _____
Street City, State Zip Code

Home Phone: _____ Cell:_____ E-mail address:_____

Gender (Place an "X") Female ☐ Male ☐
Place an "X" if you're a member of: EMBODI ____ Delta GEMS ____ Neither____

Parent / Guardian Information

Is your mother a member of the Orlando Alumnae Chapter of Delta Sigma Theta Sorority, Inc.? Yes___ No___

Mother's Name:_____
Last First

Father's Name:_____
Last First

Address: _____
Street City, State Zip Code

Home Phone: _____ Cell:_____ E-mail address:_____

High School Information

High School: _____ Dates Attended: From_____ To_____

School Counselor: _____ Expected Graduation Date: _____/_____/_____

All information must be documented on the official transcript:

Current GPA (Weighted): _____ (Unweighted) _____ Class Rank: _____ out of _____

SAT Test Score: ____ out of ____ ACT Test Score: _____ out of 36

Community Service hours as logged on transcript: _____

DELTA SIGMA THETA SORORITY, INC.

ORLANDO ALUMNAE CHAPTER

(Chartered February 20, 1954)

P.O. Box 555238 ▲ Orlando, FL 32855 ▲ Phone: (407) 826-0005

Website: www.oacdst.org ▲ *Email:* scholarship@oacdst.org

I. Accomplishments (*add attachment if more space is needed*)

Honors and Awards

List any honors and awards and the year in which they were received

Honor / Award	Year Received
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Organizational Involvement

List the clubs/organizational memberships and offices you have held in your high school

Club/Organization	Position Held & Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Leadership Positions Held

List the elected officer positions held in clubs/organizational groups.

Club/Organization	Elected Officer Position Held & Year (ie., Pres, Sec., etc.)
_____	_____
_____	_____
_____	_____
_____	_____

DELTA SIGMA THETA SORORITY, INC.

ORLANDO ALUMNAE CHAPTER

(Chartered February 20, 1954)

P.O. Box 555238 ▲Orlando, FL 32855 ▲ Phone: (407) 826-0005

Website: www.oacdst.org ▲ *Email:* scholarship@oacdst.org

II. Community Service & Involvement

List the organizational memberships and offices you have held within your community. If you have more than four "Community Service and Involvement" you can add it as an attachment.

1. **Organization**: _____ Position/Office/Role: _____

Organization's Purpose:_____

_____

Dates of Volunteerism: _____ Hours of Volunteerism as documented on transcript:_____

2. **Organization**: _____ Position/Office/Role: _____

Organization's Purpose:_____

_____

Dates of Volunteerism: _____ Hours of Volunteerism as documented on transcript:_____

3. **Organization**: _____ Position/Office/Role: _____

Organization's Purpose:_____

_____

Dates of Volunteerism: _____ Hours of Volunteerism as documented on transcript:_____

4. **Organization**: _____ Position/Office/Role: _____

Organization's Purpose:_____

_____

Dates of Volunteerism: _____ Hours of Volunteerism as documented on transcript:_____

III.Hardship *(if applicable)*

Please describe any hardship you faced that may have hindered your education/community involvement that you had to overcome. Attach the hardship to the application.

DELTA SIGMA THETA SORORITY, INC.

ORLANDO ALUMNAE CHAPTER

(Chartered February 20, 1954)

P.O. Box 555238 ▲Orlando, FL 32855 ▲ Phone: (407) 826-0005

Website: www.oacdst.org ▲ *Email:* scholarship@oacdst.org

IV. Future Educational Endeavors

Collegiate Choices

List the names of the top three schools for which you have applied. Please check all that apply.

	School 1	School 2	School 3
School Name			
Status of Application	☐Pending ☐Accepted ☐Wait List ☐Plan to Attend	☐Pending ☐Accepted ☐Wait List ☐Plan to Attend	☐Pending ☐Accepted ☐Wait List ☐Plan to Attend
Field of Study	Major: Minor:	Major: Minor:	Major: Minor:

Essay Requirements

- Attach a 750-word maximum, typed essay addressing this prompt: ***"What do you consider to be society's biggest issue? How can you help the community overcome it through programming, service, and/or your career goals?"***
- Include the following information in the header:
  - Applicant Name
  - Home Address, E-mail Address
  - Telephone Number(s)
- The Essay must focus on the following:
  - Educational and Career goals
  - How obtaining a scholarship from Delta Sigma Theta Sorority, Inc. - Orlando Alumnae Chapter will be beneficial to your educational pursuits to transform lives and impact communities.

Letters of Recommendation

Please submit two (2) Letters of Recommendation. One letter must be from a High School Counselor or Teacher and the second letter must be from a Community Leader. Both letters must be from individuals who ARE NOT relatives. Both letters must appear on official letterhead and addressed to Delta Sigma Theta Sorority, Inc. – Orlando Alumnae Chapter. They must be signed and dated along with the contact information between December 5, 2016 and February 28, 2017.

- Letter of Recommendation from High School Counselor or Teacher must appear on the school's official letterhead and include:
  - Length of time and the capacity in which they have known the applicant
  - Scholastic achievements and/or leadership involvements that qualify the applicant for this award
  - Character reference

- Letter of Recommendation from a Community Leader must appear on applicable letterhead and include:
  - Length of time for which they have known the applicant and in what capacity
  - Community service activities/involvement and capacity in which they have known the applicant
  - Character reference

DELTA SIGMA THETA SORORITY, INC.

ORLANDO ALUMNAE CHAPTER
(Chartered February 20, 1954)
P.O. Box 555238 ▲ Orlando, FL 32855 ▲ Phone: (407) 826-0005
Website: www.oacdst.org ▲ *Email:* scholarship@oacdst.org

Important Information and Application Checklist

Application Deadline: Postmarked by March 17, 2017

- Eligible applicants must be graduating high school seniors who are college bound
- Factors considered by the Scholarship Committee in evaluating applications include leadership, community involvement, and academic achievement
- All application materials must be submitted in One Packet and **received or postmarked on or before March 17, 2017**.
- To be considered, candidates must submit a complete application package as follows:
  - Δ Seven (7) page application packet with signature
  - Δ Any other information that could not fit on the application
  - Δ Typed essay (750-words or less)
  - Δ Official transcript (with GPA, community service hours, and test scores) in a sealed envelope
  - Δ Two (2) Letters of Recommendation: One from a high school Counselor or Teacher and one from a Community Leader. The letters must: appear on the applicable letterhead with contact information, dated between **December 5, 2016 and February 28, 2017**, and addressed to Delta Sigma Theta Sorority, Inc. – Orlando Alumnae Chapter
- **Note:** Applications received after the deadline date will not be evaluated, opened transcripts will not be accepted and application materials will not be returned.

Applications Should Be Mailed To:
Delta Sigma Theta Sorority, Inc.
Orlando Alumnae Chapter
Attention: Scholarship Committee
P.O. Box 555238
Orlando, FL 32855

Applicant Signature

I hereby certify that all of the information provided in this application packet is, to the best of my knowledge, true and correct. I am aware that any misstatements or other inaccuracies could disqualify me from consideration of this scholarship.

_____ _____

Applicant Signature Date