



Gwinnett County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Application for College Scholarship

Scholarship Eligibility Requirements:

All Black/African American senior high school students who attend school in Gwinnett County (**excluding Centerville, Snellville, and Loganville**) are eligible to apply.

Application Requirements:

- o A complete and electronically certified application should be submitted online.
- o Submit the following items via U.S. mail:
 - o Typed essay on the selected topic. Refer to the Essay tab for specific requirements.
 - o Three (3) letters of recommendation. Refer to the Recommendations tab for specific requirements.
 - o Copy of your official high school transcript.
 - o Copy of any official college/university acceptance letters.

All mailed items should be included in one envelope and postmarked by Friday, January 31, 2020.

Mail to:

Delta Sigma Theta Sorority, Inc.
Gwinnett County Alumnae Chapter
Attention: Scholarships Committee Chair
P.O. Box 491508
Lawrenceville, GA 30049

All completed applications will be reviewed and scored by the Scholarships Committee. The top scoring applicants will be granted an interview in February, 2020, to determine the scholarship recipients. All scholarship recipients will be notified no later than **March 13, 2020**.

Delta Profile

Delta Sigma Theta Sorority, Incorporated is a non-profit public service organization with membership of over 300,000 college educated women in over 1,000 chapters located in the United States, England, Japan (Tokyo and Okinawa), Germany, The Virgin Islands, Bermuda, Jamaica, The Bahamas and The Republic of Korea. Founded over one hundred years ago, in 1913, the organization was established to provide programs promoting human welfare and currently has a five point focus in the areas of Educational Development, International Awareness and Involvement, Physical and Mental Health and Political Awareness and Involvement.

Chartered in March 2003, the **Gwinnett County Alumnae Chapter (GCAC) of Delta Sigma Theta Sorority, Inc.** has over 350 members. **GCAC** is committed to making a positive difference in the Gwinnett community through exemplary service programs that include:

Δ **Delta Academy/Delta GEMS/EMBODI** - mentoring and personal development programs for young women and men;

Δ **Taboo Tea** - a program focusing on the health and wellness needs of adult women;

Δ **Cotillion~Beautillion Program** - an enrichment program for high school junior and seniors who have demonstrated exemplary moral standards and plan to attend a post-secondary school. The program culminates with a formal Cotillion~Beautillion ball in the spring of 2018;

Δ **Scholarship Program** - Signature program that has awarded approximately \$122,000 in scholarship monies to high school seniors.

GCAC has also formed an alliance with Partnership Against Domestic Violence (PADV) and participates in the semi-annual AIDS Walk Atlanta & 5K Run, Gwinnett Relay for Life and Gwinnett Great Days of Service. Additionally, the chapter supports international relief efforts and holds local political forums, voter registration drives and health fairs.

To avoid disqualification, please complete all of the application requirements and meet the submission deadline.

Acknowledgement: *

Yes, I provide my acknowledgement of the college scholarship eligibility requirements.

PART I - PERSONAL DATA

Student's Name *

First Name Middle Name Last Name

Home Address : *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home Telephone Number : *

Area Code Phone Number

Mobile Number : *

Area Code Phone Number

E-mail : *

example@example.com

Parent/Guardian Name(s) *

PART II - EDUCATION

Name of High School *

School Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Names of Colleges and/or Universities to which you have applied for admission: (Please list in order of preference.)

1)

2)

3)

PART III - HONORS, TALENTS & SERVICE

Please attach additional sheet if needed.

1. List honors and awards:

2. List extracurricular activities - organizations and clubs (Indicate years of involvement and any offices held):

3. Please provide a brief description of your community service activities (Indicate years of involvement and/or period of service):

PART IV - COUNSELOR VERIFICATION

Information in this section must be completed and submitted by your high school counselor. Please provide your counselor's name and email address in order for the information to be sent directly to them for completion.

Counselor's Name *

Counselor's E-mail *

example@example.com

College entrance examination score

ACT

SAT

Highest ACT Composite Score:

Highest SAT Math Score:

Highest SAT Verbal Score:

Cumulative High School grade point average (GPA):

Class Rank Number

Class

PART V - RECOMMENDATIONS:

Please submit the following three (3) letters of recommendation:

(a) Two (2) Core Academic Teachers (Language Arts, Math, Science, Social Studies, Foreign Language)

(b) One (1) Community Service Leader (Community service must be non-profit and unpaid service.

Examples might include Hands On Atlanta, Gwinnett Days of Service, Hosea Feed the Hungry, AIDS Walk Atlanta, Gwinnett Relay for Life, Mentoring/Tutoring and Outreach through your school, youth, or faith group)

- **Each letter of recommendation must include the following:**
 - Name, occupation, telephone number and email address of the recommender
 - The length of time they have known and worked with you, along with a clear description of the relationship (Core Teacher or Community Service Leader)
 - A description of your character, leadership, and work ethic
 - (For Community Service) The type of community service activities in which you have been involved, along with your specific role.
- **Please share the above requirements with your recommenders to ensure their letters provide the necessary information.**
- **Each letter of recommendation must be submitted in a sealed envelope with the recommender's signature across the sealed portion.**

PART VI - ESSAY

You will be assessed on your ability to communicate your thoughts in a clear, coherent, and persuasive manner. Your essay must be two typed pages, double-spaced, in 12 pt Times New Roman font. Include your name at the top of each page.

Please select **one** of the essay topics below.

TOPIC A: Delta Sigma Theta Sorority, Inc. is a public service organization that confronts the challenges of African Americans, which impacts all Americans. In accordance with the organization's overarching goal of improving the community, they have developed a Five Point Thrust, which includes:

- Economic Development
- Educational Development
- International Awareness and Involvement
- Physical and Mental Health
- Political Awareness and Involvement

Please select **one** of the Five Point Thrust areas listed above and discuss what initiative(s) or program(s) you would implement under the area to positively impact our community.

TOPIC B: What do you think is one of the most important issues facing people of color today and why? How can you personally contribute to a solution?

Certification

Important: Your electronic certification of submission is required. Without your certification, your application is incomplete.

I certify that the information provided in this application is true, complete and accurate, and that all statements and essays are my own work. A scholarship award from the Gwinnett County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. may be denied or revoked if any information contained herein is found to be inaccurate. Should I receive an award, I hereby give permission to Delta Sigma Theta Sorority, Inc. to utilize my name, likeness and award amount in any publicity or marketing materials.

Student E-Signature: *

Parent E-Signature: *

Date *



Month Day Year

Please mail essay, letters of recommendation, official high school transcript and copies of any college acceptance letters to:

Delta Sigma Theta Sorority, Inc.
Gwinnett County Alumnae Chapter
Attention: Scholarship Committee Chair
P.O. Box 491508
Lawrenceville, GA 30049

We recommend that you print a copy of your application for your records.