



Columbus (OH) Alumnae Chapter Delta Sigma Theta Sorority, Inc.

Scholarship Information 2020-2021

Invitation:

School counselors and/or members of the Columbus (OH) Alumnae Chapter are encouraged to recommend students of the Greater Columbus area who meet the scholarship requirements.

Requirements for students:

1. Must be graduating during the 2020-2021 school year
2. Must have a cumulative GPA of 2.7 or higher on a 4.0 scale
3. Must be a senior in the Greater Columbus Area
4. Must be of African-American Heritage
5. Must enroll and attend a 4-year college or university in the Fall of 2021 and provide verification of enrollment and matriculation prior to receiving the scholarship.
6. Must be available for a personal interview on **April 20 or April 22, 2021.**

Scholarship Information:

The total number of scholarships awarded will be based on the available funds for the current chapter year. Scholarships may not exceed \$2,000 each and are non-renewable.

All funds will be mailed to the Financial Aid office of the designated institution.

Applicant Responsibilities:

1. Complete the scholarship application packet. Please **type** all information.
2. Write a **personal statement that does not exceed one (1) page** (double spaced; size 12, Times New Roman font) Include your future goals, your career choice and the significance of your career, pertinent family information, community service, and any other important criteria that should be considered during the selection process.
3. Request **two (2) letters of recommendation** from non-family members. The letters must be signed and dated (typed month, date, year format) **AFTER March 6, 2021** to be acceptable. All letters should be addressed to **Columbus (OH) Alumnae Chapter, Delta Sigma Theta Sorority, Inc.**
 - a. One letter should come from a teacher or school counselor, written on school letterhead.
 - b. One letter should come from a clergyman, coach, mentor, employer, etc.
4. Must include a transcript, **dated after March 6, 2021.**
5. Submit a recent photo of yourself.
6. It is the responsibility of the applicant to make sure they have included all required documents. Submit all documents electronically in one file. Incomplete application packets will not be considered.
7. Email items 1-5 listed above to the email address below. All application packets must be received on or before 11:59 PM on March 27, 2021.

YOUR COMPLETED APPLICATION PACKET MUST BE RECEIVED BY SATURDAY, MARCH 27, 2021.

Email Address: cacscholarship2123@gmail.com



**Columbus (OH) Alumnae Chapter
Delta Sigma Theta Sorority, Inc.**

Scholarship Information 2020-2021

Project D.E.L.T.A.A. Co-Chairs: Charlotte Price and Maggie L. Burnes
Email: Cacscholarship2123@gmail.com

Due Date: Saturday, March 27, 2021

PLEASE TYPE ALL INFORMATION

Date _____

Name _____ **Age** _____
(First, Middle and Last Name)

Home Address _____
(City, State and Zip Code)

Contact Number _____

Email _____

High School _____ **GPA** _____ (on a 4.0 scale)

Graduation Date _____ (month/year)

Mother's/Guardian Name _____

Email Address _____ **Contact Number** _____

Father's/Guardian Name _____

Email Address _____ **Contact Number** _____

Other Family Members Living in the Household:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Delta Affiliation:

Please identify any members of your immediate family who are members of Delta Sigma Theta **Name**

_____ Relationship _____,

Name _____ **Relationship** _____

I. EXTRACURRICULAR ACTIVITIES:

List any church, school, or community activities/ involvement that you have participated in during high school. Please list the school year(s) in which you participated.

II. HONORS/AWARDS:

List any honors or awards you have received while in high school in any of the following areas: (academic, community, church or athletics).

III. WORK EXPERIENCE:

List any jobs (along with dates of employment that you have held while in high school).

PLEASE READ AND SIGN:

By signing this document, I _____ hereby affirm that all the information provided is true and complete to the best of my knowledge. I fully understand that by providing false information, it will disqualify my application.

By signing this document, I certify that my packet is complete. Incomplete packets will not be considered. I certify that my packet will be emailed and received on or before 11:59 AM on **March 27, 2021**. Late application packets will not be considered.

By signing, I hereby acknowledge receipt and understanding of the guidelines and agree to abide by them. I also waive all personal claims, causes of actions, and/or damages against **DELTA SIGMA THETA SORORITY, INC. COLUMBUS ALUMNAE CHAPTER** and any and all of its representatives, including but not limited to, its officers and members of the **PROJECT DELTAA Scholarship Committee** arising from or occurring out of your participation in the **DELTA SCHOLARSHIP**.

APPLICANT SIGNATURE _____ DATE _____

Photo Release Form for Minors (if under 18) DELTA SIGMA THETA SORORITY, INC, COLUMBUS, OHIO

ALUMNAE CHAPTER (CAC) has my permission to use the parent(s)/guardians listed below or my child's photograph.

I understand that the pictures may be used in various publications, presentations, websites or other social media. I understand that no compensation shall be payable to me by reason of such use.

Applicant's Name (PRINT) _____

Parent/Guardian's Signature (PRINT) _____ Date _____

Parent/Guardian's Signature _____ Date _____

Phone Number _____