

Delta Sigma Theta Sorority, Inc.

Florence Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

Dear Applicant:

On behalf of the Florence Alumnae Chapter of Delta Sigma Theta Sorority, Inc., we would like to thank you for your interest in applying for our scholarship.

All applicants are encouraged to please remember to review and complete the packet in its entirety. Please review the information to ensure that all components are completed, all signatures are complete and that you adhere to the deadline. As a reminder, the application must be postmarked by **February 23, 2024**.

We look forward to receiving your completed scholarship packet. If you have any questions or concerns, please contact the scholarship committee at the following email address at **florencealumnaescholarship@gmail.com**.

Sincerely,

Scholarship Committee

Delta Sigma Theta Sorority, Inc.

Checklist

This checklist must be completed and signed by the recommending member of the Florence Alumnae Chapter before the packet is mailed.

- _____ 1. Completed Application
- _____ 2. Typed Essay
- _____ 3. Official High School Transcript
- _____ 4. SAT/ACT Score(s)
- _____ 5. School Organizations
- _____ 6. Extracurricular Activities/Church/Community Service
- _____ 7. Honors/Awards
- _____ 8. (2) Appraisal Forms
- _____ 9. Recommending **Soror Appraisal Form**

Soror's Signature: _____

Applicant Signature: _____

Date: _____

Delta Sigma Theta Sorority, Inc.

GUIDELINES FOR SCHOLARSHIPS

1. A \$1,000.00 scholarship will be awarded annually to each public high school in our service area if all criteria are met:

Darlington (2)	Florence (3)
Johnsonville (1)	Pamplico (1)

2. The applicants for the scholarship will be considered according to the criteria below:
 - a. Must be a female or male and a graduating senior in the year of the award.
 - b. Grade Point Average of 3.0 and **(5.0 Grading Scale)** above based on an official high school transcript.
 - c. Must plan to attend a 2 or 4-year post-secondary institution.
 - d. School and community involvement (clubs, organizations, church, etc.)
 - e. Recommendation from a financial (non-family) member of Florence Alumnae Chapter Delta Sigma Theta Sorority, Incorporated
 - f. Complete application and essay
 - g. The scholarship recipient **must** present her/his essay at the May Week Program in order to receive the award.

3. The award will be presented to the recipient at their respective high school awards program.

4. **The scholarship will be paid directly to the recipient after the committee receives official verification of enrollment from the Office of Registrar.**

5. In the event the recipient does not claim her/his award or matriculate at a post-secondary institution within one school year, the scholarship will be forfeited.

TIMETABLE

January 11, 2024	Distribute scholarship applications via email.
February 23, 2024	Final date for submission of applications or post marked.
March 11, 2024	Committee reviews credentials and makes selections.
April 15, 2024	Notification to scholarship recipients.
May 2024	Presentation of essays at May Week Program.

Delta Sigma Theta Sorority, Inc.

Florence Alumnae Chapter Academic Year 2023-2024

PLEASE READ CAREFULLY!!

INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION:

- I. APPLICATION: Please type or print legibly (blue or black ink) all information. Note: These forms will be copied and issued to each member of the Scholarship Committee.
- II. **appraisal forms**. One appraisal form must be completed by a financial (non-family) member of Florence Alumnae. The two additional forms may be completed by anyone of your choosing.

Recommendations are outlined below. Please complete the top portion of the form before giving it to the chosen person to complete.

It is suggested that you give these forms to:

1. School Personnel: Instructor(s), Principal, School Counselor, Club Advisor, etc.
2. Pastor
3. Community Service Worker (Volunteer or Paid Position)
4. Employer (if applicable)

Appraisal Forms must be returned in a sealed envelope by the person completing the form and given directly to the applicant.

III. SECONDARY SCHOOL RECORD FORM:

The completed form along with the **official transcript** is to be returned directly to the applicant in a **sealed envelope** by the school official authorized to process records.

IV. SCHOOL ORGANIZATION AND CHURCH/COMMUNITY SERVICE VERIFICATION FORMS

Appraisal forms are to be completed and signed by school, organization and church official.

POSTMARKED DEADLINE: February 23, 2024

Delta Sigma Theta Sorority, Inc.

Florence Alumnae Chapter Academic Year 2023-2024

Name: _____ Contact Number: _____
(Last) (First) (Middle)

Email Address: _____

Present Address: _____
(Number, Street, Etc.) (City) (State) (Zip)

Parent(s)/Guardian(s) Signature: _____

High School _____ Address: _____

Date of Graduation: _____ School Counselor: _____

School Counselor Phone Number: _____

Complete enclosed forms:

- School Extracurricular Activities
- Church and Community Service
- Honors and Awards

State your future goals: _____

Is anyone in your family a member of Delta Sigma Theta Sorority, Inc? _____ Yes/ No

If yes, Name: _____

Florence Alumnae member making recommendation: _____

Address: _____
(Number, Street) (City) (State) (Telephone)

Note: I affirm that the information on this document is true and that I have not deliberately withheld or falsified any data that would affect my award.

Legal Signature

Date

Delta Sigma Theta Sorority, Inc.

Florence Alumnae Chapter Secondary School Record Form

TO BE COMPLETED BY A HIGH SCHOOL OFFICIAL: Principal or School Counselor.
This form must be completed along with an official transcript and returned directly to the applicant in a **sealed envelope**.



IMPORTANT: An **official transcript** of all academic work to date including a copy of the ACT or SAT scores and rank in class must be attached to this form. Applications without an **official transcript** will not receive consideration.

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Number and Street) (City, State, Zip)

Name of Parent or Guardian: _____

Name of School: _____ Date Enrolled: _____
(Month, Year)

Mailing Address: _____
(Street Address or PO Box) (City, State, Zip)

Date of Graduation _____
(Month, Year)

Class Rank _____

Signature Title Date

Delta Sigma Theta Sorority, Inc.

Essay Question Academic Year 2023-2024

Describe your academic and career goals, and how you plan to achieve them.

(500 words minimum and 750 words maximum)

*Submit hard copy and email a copy to
florencealumnaescholarship@gmail.com*

Essay Do's and Don'ts

- **Do not** ignore word counts or page length requirements, and do not adjust font sizes or page margins to do so.
- **Do use** Times New Roman font, 12 font size, 2" top margin, 1" left, right, and bottom margins
- **Do** be honest, be genuine, be you!
- **Do** take plenty of time for brainstorming and self-reflection to come up with unique, insightful essay ideas.
- **Do** ask your family, friends, mentors, and anyone else who knows you well to suggest ideas or qualities you may want to incorporate in your essay.
- **Do** give yourself some time, at least an hour or two, between when you write and review your finished essay.
- **Do** read and re-read your essay, and carefully review it for errors or confusing passages.
- **Do not** misrepresent, plagiarize, recycle a school assignment, or ask someone else to write your essay for you.
- **Do not** use emoticons, text-message speak, or otherwise highly informal language.

Delta Sigma Theta Sorority, Inc.

School Organizations

School Sponsors and Advisors: This student is applying to receive a scholarship from the Florence Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, a public service sorority. By signing this recommendation form, you are certifying that this student is or has been an active member of your school organization.

Student Name:

I certify that _____ has been an active member of our organization.

Name of Organization and School: _____

Dates of Participation: _____

Signature of Sponsor or Advisor: _____ Date _____

I certify that _____ has been an active member of our organization.

Name of Organization and School: _____

Dates of Participation: _____

Signature of Sponsor or Advisor: _____ Date _____

I certify that _____ has been an active member of our organization.

Name of Organization and School: _____

Dates of Participation: _____

Signature of Sponsor or Advisor: _____ Date _____

I certify that _____ has been an active member of our organization.

Name of Organization and School: _____

Dates of Participation: _____

Signature of Sponsor or Advisor: _____ Date _____

I certify that _____ has been an active member of our organization.

Name of Organization and School: _____

Dates of Participation: _____

Signature of Sponsor or Advisor: _____ Date _____

Delta Sigma Theta Sorority, Inc.

Extra-Curricular & Community or Church

Community and Church Sponsors and Advisors: This student is applying to receive a scholarship from the Florence Alumnae Chapter Delta Sigma Theta Sorority, Incorporated, a public service sorority. By signing this recommendation form, you are certifying that this student is or has been an active member of your school organization.

Student Name:

I certify that _____ has been an active member of our community/church organization.

Name of Organization _____

Dates of Participation _____

Signature of Sponsor or Advisor _____ Date _____

I certify that _____ has been an active member of our community/church organization.

Name of Organization _____

Dates of Participation _____

Signature of Sponsor or Advisor _____ Date _____

I certify that _____ has been an active member of our community/church organization.

Name of Organization _____

Dates of Participation _____

Signature of Sponsor or Advisor _____ Date _____

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Name of Organization _____

Dates of Participation _____

Signature of Sponsor or Advisor _____ Date _____

I certify that _____ has been an active member of our community/church organization.

Name of Organization _____

Dates of Participation _____

Signature of Sponsor or Advisor _____ Date _____

Delta Sigma Theta Sorority, Inc.

Honors and Awards (Please Type or Print)

- 1.
- 2.
- 3.
- 4.
- 5.

Delta Sigma Theta Sorority, Inc.

Confidential Appraisal Form

Applicant _____
(Last) (First) (Middle)

Home Address: _____

NOTE TO THE APPRAISER: The above applicant has applied for one of our educational scholarships and has chosen you as a reference. Please provide an appraisal with respect to those qualities, which you have been in a position to judge. A frank statement of your opinion will assist us in determining the applicant's desirability as a scholarship recipient. Please bear in mind that academic pursuit entails grave responsibilities and therefore a high rating should be given only to the really outstanding applicant. This Appraisal Form must be returned directly to the applicant in a sealed envelope.

Please note: Use whole numbers only in evaluating applicants.	5 Outstanding	4	3 Average	2	1 Below Average
1. Academic Progress or Personal Achievement (grades and/or quality of work)					
2. Attendance/Reliability (class attendance and/or dependability)					
3. Attitude/Cooperation (relationship with others)					
4. Communication Skills (ability to express ideas)					
5. Leadership (judgment and ability to lead and influence)					
6. Motivation (initiative, resourcefulness, self-starter)					
7. Potential for Success (ability to set and achieve goals)					
8. Work Habits/Organizational Skills (ability to plan, manage, and execute)					
Total Points (For Office Use Only)					

What contact have you had with this applicant and how well do you know her? _____

Additional Comments: _____

Signature _____ Date _____ Position/Title _____

Phone Number _____ Email Address _____

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(Last) (First) (Middle)

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