



Delta Sigma Theta Sorority, Inc.

Savannah Alumnae Chapter

ACADEMIC SCHOLARSHIP

EDNA B. JACKSON COMMUNITY SERVICE AWARD

DELTA G.E.M.S/EMBODI SCHOLARSHIP



Application Packet Deadline: February 26, 2024

Application Package Checklist

Academic Scholarship Application

1. Female
2. Completed application, signed and dated
3. School Counselor Form
4. GPA of 90 on a 100-point scale
5. Scholarship option is indicated on document
6. SAT or ACT Scores
7. Proof of College/University acceptance
8. Demonstrates financial need
9. Current academic/biographical resume
10. Sealed letter of recommendation from a teacher, school counselor, or school administrator
11. Official Sealed Transcript
12. Essay (See Enclosed Sheet)
13. Professional head-shot photo (*media publicity purposes only*)

Community Service Application

1. Female
2. Completed application, signed and dated
3. School Counselor Form
4. GPA of 85 on a 100-point scale
5. Scholarship option is indicated on application
6. SAT or ACT Scores
7. Proof of College/University acceptance
8. Demonstrates financial need
9. Current academic/biographical resume
10. Sealed letter of recommendation from the organization(s) for which community service is provided
11. Official Sealed Transcript
12. Essay (See Enclosed Sheet)
13. Documented community service of 100 or greater hours—Must be on official stationery

Delta G.E.M.S/EMBODI Application

1. GPA of 80 on a 100-point scale
2. Completed application, signed, and dated
3. Scholarship option is indicated on document
4. Active Delta G.E.M.S / EMBODI participant
5. Essay (See Enclosed Sheet)
6. Proof of admission to an accredited College/University
7. Sealed letter of recommendation from a school official (i.e., principal, teacher, school counselor, etc.)
8. Sealed letter of recommendation from a Delta G.E.M.S volunteer.
9. Official High School Transcript

Submit application items in the order as listed for the scholarship you are applying for.

Delta Sigma Theta, Inc., Savannah Alumnae Chapter

Academic/Community/Delta G.E.M.S/EMBODI Scholarship Application Form

All application packets must be postmarked by February 26, 2024.

**Relatives of members of Delta Sigma Theta Sorority, Inc. are not eligible to apply.*

Date:

Applicant Name / Scholarship Option (Academic, Community Service, Delta G.E.M.S or EMBODI)			
Name (First, Middle, Last)		*Indicate Scholarship Option	
Permanent Street Address			
Permanent City		Permanent State	Permanent Zip
Home Phone	Cell Phone	Date of Birth (Month/Day/Year)	
Email Address			
School Currently Attending		Overall GPA	Expected Graduation Date
Parent/Guardian Information			
Name of Mother/Guardian			
Address (if different from applicant's)		City	State
			Zip
Work Phone		Home Phone	Cell Phone
Email Address			
Name of Father/Guardian			
Address (if different from applicant's)			
Work Phone		Home Phone	Cell Phone
Email Address			
Honors and Awards (academic, athletic, community, and/or school awards)			
Award	Source of Award		Reason(s) for Award

Extra-Curricular Activities (school, religious, social groups)

Name of Group/Activity	Start (MM/YY)	End (MM/YY)	Position(s) Held

Volunteer Experience

Name of Organization	Start (MM/YY)	End (MM/YY)	Avg. Hours Per Week	Position(s) Held

Work Experience

Name of Employer	Start (MM/YY)	End (MM/YY)	Avg. Hours Per Week	Position(s) Held

Higher Education Plans

Name of College/University	City/State	Status of Application

Household Income (check one)

- \$10,000 – 20,999
 \$21,000 – 30,999
 \$31,000 – 40,999
 \$31,000 – 40,999
 \$51,000 – 60,999
 \$61,000 – 70,999
 \$80,000 – above

List any scholarships you have applied for?

Your future career plans:

(use additional sheet if necessary)

CERTIFICATION

The information provided in this form will be disclosed only to Delta Sigma Theta Sorority, Inc., Savannah Alumnae Chapter as required in determining your eligibility for an award. Information will be available only to qualified people who need to see it during their duties. Scholarship recipients agree to allow Savannah Alumnae Chapter, at its discretion, to advertise on its website.

Brochures, print and broadcasting media, photo of applicant on Savannah Alumnae Chapter social media, grant proposals, and other similar places that Savannah Alumnae Chapter has provided for the publication of a scholarship award may be used. Savannah Alumnae Chapter does not disclose confidential information, including scholarship amount, application information, and financial information in such advertising.

I hereby certify that the information provided in this application is *true* and *correct* to the best of my knowledge and agree to the terms within. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

Signature of Applicant

Date

Signature of Parent/Legal Guardian

Date

Letter of Recommendation Information

(Please provide the following information about the person writing your letter of recommendation)

Name: _____

Address: _____

Contact number: _____ Years known to applicant: _____

In what capacity does this person know you (i.e. teacher, school counselor, volunteer coordinator)?

Your letter must come from a person who can speak to either your academic ability (if applying for the academic scholarship) or your community service (if applying for the community service scholarship).

A letter will be considered *strong* if it contains specific information about your *strengths, skills and talents* as an academic scholar or community volunteer.

The letter of recommendation may *not* be written by a family member.

The letter of recommendation must arrive on *official letterhead*.

The letter of recommendation must be presented in a *sealed envelope* that bears the letter writer's signature over the seal of the envelope. Forged letters will result in automatic disqualification.

The letter should be addressed to:

Delta Sigma Theta Sorority, Inc., Savannah Alumnae Chapter, Scholarship Committee

(THIS FORM MUST ACCOMPANY YOUR APPLICATION)

Delta Sigma Theta Sorority, Inc.
Savannah Alumnae Chapter
Scholarship Essay Topic

Please discuss the following essay topic on a separate sheet(s) of paper. It must be computer generated, using *Times New Roman font size 12*. Your essay must be no less than 300 and no greater than 500 words, in a format of at least four paragraphs.

ESSAY TOPIC:

Other Than a Degree, What are You Expecting to Gain from the College Experience?

School Counselor Information

Name of Applicant: _____

In a class of _____, this student ranks number _____. Official GPA _____

Has this student met or exceeded the minimal required community service hours? _____yes _____No

Please explain in detail.

What is this student's attitude toward learning and communicating with others?

List the name of scholarships, financial assistance awards, and the amount student has received to date.

Please provide any additional comments that will assist the scholarship committee making the best choice in the awards process.

School Counselor's Signature

Date

AN OFFICIAL TRANSCRIPT MUST ACCOMPANY APPLICATION.

Thank you for your interest in our scholarship program. Please mail applications and **ALL** supporting documentation by February 26, 2024 to:

Delta Sigma Theta Sorority, Inc.
Savannah Alumnae Chapter
Attn: Scholarship Committee Chair
PO Box 22243
Savannah, GA 31403

Applications mailed to any other address connected to the Savannah Alumnae Chapter will **NOT** be considered.