Macon Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated

2026 College Scholarship Application

Deadline: January 31, 2026

SCHOLARSHIP ELIGIBILITY REQUIREMENTS:

- **Must have academic eligibility in one of the 3 following categories**
    - **High school senior** graduating from a school within Jones, Macon-Bibb, Monroe, Twiggs or Wilkinson Counties
    - **GED recipient** whose permanent address is within Jones, Macon-Bibb, Monroe, Twiggs or Wilkinson Counties
    - **College student** attending an accredited post-secondary institution and whose permanent address is within Jones, Macon-Bibb, Monroe, Twiggs, or Wilkinson Counties

- **GPA of 2.75 or greater on a 4.0 scale**

Children of Delta Sigma Theta Sorority members are not eligible to apply; however, other relatives who are not immediate family of Sorority members may apply. (Reference: 2016 Regional Conference/Chapter President)

1. APPLICATION REQUIREMENTS:

- All applicants must submit two signed letters of recommendation. These recommendations can come from a teacher, administrator, counselor, minister, employer, community leader, or similar. Please note that at least one letter must be from a teacher, counselor, or administrator. For further details, see the instructions below for references.
- All applicants must complete, sign, and date the application form (place N/A where not applicable).
- All applicants must upload a typed essay. For further details, see the instructions below for the essay.
- Selected applicants are required to participate in a panel interview by the end of ***March 2026***. Photo identification must be provided before the interview; please upload a senior picture or a non-selfie photo when prompted.
- A Parent or Guardian must sign the Scholarship Funds Disbursement Disclaimer. Please note: Awards are intended for educational purposes only, and funds will not be distributed until the winners return the Student Enrollment Verification Form in ***Fall 2026***. The funds will be issued in the name of the student and mailed to the address provided on the scholarship application.

Online Application Available Here:
https://form.jotform.com/Delta_Scholarship/MACAlumnae

2. Completed applications will be reviewed by the Scholarship Committee. Top applicants will be invited for interviews by ***March 2026***. All scholarship recipients will be notified by ***May 2026***.

3. Scholarship funds will not be disbursed until ***Fall Semester 2026*** when the Scholarship Committee has received all required documents via email or mail.

4. Scholarship awards must be claimed within two years from the date of the award, or they will be forfeited.

5. The completed application, essay response, and photo identification must be uploaded through the online application portal. Please follow the instructions below to submit two letters of recommendation and the official transcript. All documents must be postmarked on or before **Saturday, January 31, 2026**. (NO EXCEPTIONS).

MAIL TO:
Macon Alumnae Chapter
Delta Sigma Theta Sorority Incorporated
ATTENTION: Scholarship Committee
P.O. Box 5041
Macon, Georgia 31208-5041

INSTRUCTIONS TO SUBMIT AN OFFICIAL TRANSCRIPT

- Applicants must submit an official high school transcript that includes the first semester grades of their senior year or current school year. Please contact the registrar at your high school and request that an electronic **official** transcript, complete with signature or seal, be sent to the Macon Alumnae Chapter of Delta Sigma Theta Sorority at scholarship@dstmaconalumnae.org.

- Applicants who have a GED must obtain an **official** transcript (official copy of GED scores) from the Georgia Department of Technical and Adult Education in Atlanta, Georgia. Please submit this transcript via email. Request that an electronic official transcript, including a signature or seal, be sent to the Macon Alumnae Chapter of Delta Sigma Theta Sorority at scholarship@dstmaconalumnae.org.

- Applicants who are currently enrolled in an accredited college, university, or post-secondary institution must submit an **official** transcript that includes grades from the Fall 2025 semester. To do this, applicants can visit their school's registrar through the online portal and request that an electronic official transcript be sent to the Macon Alumnae Chapter of Delta Sigma Theta Sorority via email at scholarship@dstmaconalumnae.org.

- MAIL OPTION: Macon Alumnae Chapter, Delta Sigma Theta Sorority Incorporated, ATTENTION: Scholarship Committee, P.O. Box 5041, Macon, Georgia 31208-5041

INSTRUCTIONS TO BE GIVEN TO REFERENCES

Please have your references submit a **typed** and **signed** letter of recommendation for you. These letters should include:

- Name and address of the reference
- Relationship to the applicant
- Length of time the reference has known the applicant
- Reason why the applicant should receive the scholarship award

Recommendation letters should be mailed to the address below:

Macon Alumnae Chapter
Delta Sigma Theta Sorority Incorporated
ATTENTION: SCHOLARSHIP COMMITTEE
P.O. Box 5041
Macon, Georgia 31208-5041

All printed letters must be signed and enclosed in an envelope with your signature placed over the seal; alternatively, you may email your recommendation letter to scholarship@dstmaconalumnae.org, using the subject line *Scholarship 2026 (Applicant's Name)*. Teachers, professors, and school administrators opting to email letters must do so from their school email accounts.

If you have any additional questions, please email them immediately to scholarship@dstmaconalumnae.org.

Application Checklist

Before sealing your package, please make sure all items listed below are included unless an alternative method is chosen. You do have the option to electronically submit all documents below via email at scholarship@dstmaconalumnae.org or use the online portal via https://form.jotform.com/Delta_Scholarship/MACAlumnae

- Scholarship Application Only (typed)
- Two-Page Essay (typed)
- Two signed letters of recommendation (mailed or emailed)
- Official High School, GED, or College Transcript (mailed or emailed)
- Disclaimer for Scholarship Funds Disbursement (signed)
- All applicable signatures
- Incomplete packages will not be considered for an interview and will not be considered for an award
- The ability to apply does not guarantee a completed application. All additional items requested must be received

Macon Alumnae Chapter of Delta Sigma Theta Sorority cannot guarantee the disbursement date of funds to recipient. It is very likely that it will not be disbursed until after your tuition due date deadline. Be encouraged to pay your tuition to prevent any late fees.

If you have any additional questions, please email them immediately to scholarship@dstmaconalumnae.org.

If preferred, the online application is available below:
https://form.jotform.com/Delta_Scholarship/MACAlumnae

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SECTION I: IDENTIFICATION

Student's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ County: _____

Zip Code: _____ Email: _____

Date of Birth: _____Sex: _____ Telephone: _____

PARENT/GUARDIAN IDENTIFICATION

Parent/Guardian's Name:

_____
First M.I. Last

Physical Address: _____

Employer: _____ Occupation: _____

Relation to Student: _____

Parent/Guardian's Name:

_____
First M.I. Last

Physical Address: _____

Employer: _____ Occupation: _____

Relation to Student: _____

SECTION II: SCHOLARSHIP INFORMATION

High School/College: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

College you plan to attend/attending: _____

City/State: _____ Anticipated Major: _____

SECTION III: EXTRA-CURRICULAR ACTIVITY (School/Non-School):
List all extra-curricular school, church, or civic activities

Activity	**Description**	**Number of Hours**

VOLUNTEER WORK AND COMMUNITY SERVICE

Organization	**Description of Service**	**Number of Hours**

HONORS AND AWARDS

Honor/Award	Description	Date Received

SECTION IV: REFERENCE SUBMISSION & ESSAY INSTRUCTIONS

Provide the name and professional email address of the two references who will submit a letter of recommendation on your behalf to the scholarship committee. It is your responsibility to inform the reference about how to submit a letter.

Reference #1 Name: _____

Reference #1 Email: _____

Reference #2 Name: _____

Reference #2 Email: _____

Please answer the question below as the prompt of your essay discussion and upload within the application below.

Imagine you have the power to make your school a better place! What specific changes would you make to improve things? How would these changes help students, teachers, and everyone in the school? Additionally, what steps do you think would be necessary to ensure these changes are implemented and continue to be successful in the long run?

Your essay must be:

- Two full pages
- Doubled-spaced
- 12-point Times New Roman font
- One-inch margins on all sides
- Your name should be typed in the upper right-hand corner of **each** page
- You will be assessed on your ability to communicate your thoughts clearly

SECTION V: SIGNATURES

I certify that information provided in this application is true, complete and accurate and that all statements and essay are my own work. A scholarship award from Macon 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 Macon Alumnae Chapter of Delta Sigma Theta Sorority, Inc. permission to utilize my name, photographs and award amount in publicity and/or marketing materials.

_____	_____	_____
Applicant's Signature **(Do Not Print)**	Parent/Guardian's Signature	Date

SCHOLARSHIP APPLICATION DISCLAIMER

AGREEMENT FOR DISBURSEMENT OF SCHOLARSHIP FUNDS

I, _____(Parent/Guardian), acknowledge and understand that the scholarship awards received by the winners will only be disbursed in a lump sum payment directly to the scholarship recipient _____ (Student's Name).

_____	_____
Student's Signature	**Parent/Guardian's Signature**

The Macon Alumnae Chapter of Delta Sigma Theta Sorority, Inc. will forward these funds to the recipient upon receipt of the ***Official Enrollment Verification Form*** and ***Request for Disbursement of Scholarship Funds Form***.

The Enrollment Verification Form shall be notarized with the institution's official seal and dated.

I recognize and accept these conditions for the disbursement of any scholarship award that my son/daughter may receive.

_____	_____
Parent/Guardian's Signature	**Date**