

Summerville Alumnae Chapter
DELTA SIGMA THETA SORORITY, INCORPORATED
Post Office Box 1962 Summerville, SC 29484
SCHOLARSHIP APPLICATION
DEADLINE: March 11, 2026

Applicants Name: _____

Scholarship Eligibility Requirements

Check all scholarships that you would like to apply for consideration.

You may apply for more than one scholarship.

Applicants CANNOT BE an immediate family relative of a Summerville Alumnae Chapter member

Checking a specific line/box indicates your intent to apply for the particular scholarship in bold letters.

- The Johnnie Mae Good Mazyck Scholarship (1)**, in the amount of \$2,500 is awarded to an African American college-bound senior matriculating in a *Dorchester County School* who plans to attend a *Historically Black College or University (HBCU)*.
- Must have demonstrated academic achievement with a minimum weighted GPA of 3.0 on the South Carolina Uniform Grading Policy (SCUGP)
 - The award disbursement is based on confirmed enrollment for Fall of the current year
 - Scholarship is a non-renewable, one-year award
- The Sandra Fishburn Larry Memorial Scholarship (1)** in the amount of \$1,200.00 is awarded to an African American college-bound senior at *Fort Dorchester, Summerville, and Woodland High Schools*.
- Must demonstrate academic achievement with a minimum weighted GPA of 2.5 on the South Carolina Uniform Grading Policy (SCUGP)
 - The award disbursement is based on confirmed enrollment for Fall of the current year
 - Scholarship is a non-renewable, one-year award
- The LaVerne Wilson Williams Memorial Scholarship (1)**, in the amount of \$1,200.00 is awarded to an African American college-bound senior at *Ashley Ridge High School*.
- Must demonstrate academic achievement with a minimum weighted GPA of 2.5 on the SCUGP*
 - The award disbursement is based on confirmed enrollment for Fall of the current year
 - Scholarship is a non-renewable, one-year award
- The Summerville Alumnae Scholarship (1)**, in the amount of \$1,200.00 is awarded to any college-bound senior matriculating in a *Dorchester County School*.
- Must demonstrate academic achievement with a minimum weighted GPA of 2.5 on the SCUGP*
 - The award disbursement is based on confirmed enrollment for Fall of the current year
 - Scholarship is a non-renewable, one-year award
- The Summerville Alumnae Grant-in-Aid (1)**, in the amount of \$750.00 is awarded to a *Dorchester County high school senior* who has a *current IEP or 504 plan* on file in the School District
- Must have supporting documentation from the school counselor and a minimum GPA of 2.0 on the SCUGP*
 - The award disbursement is based on confirmed enrollment for Fall of the current year
 - Scholarship is a non-renewable, one-year award
- The Finer Womanhood Award (4)**, in the amount of \$500.00 is a book stipend awarded to a female college-bound senior who meets the following criteria:
- Attends *Ashley Ridge High, Fort Dorchester High, Summerville High, or Woodland High Schools*
 - Must demonstrate academic achievement with a minimum weighted GPA of 2.0 on the SCUGP*
 - The award disbursement is based on confirmed enrollment
 - Award is for one-year and non-renewable

* South Carolina Uniform Grading Policy

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Directions: Provide all information requested below.

I. Applicant Information					
Last Name:		First Name:		Middle Name:	
Street Address:					
City/Town:		State Abbreviation:		Zip Code:	
Home Phone:			Cell Phone:		
Email Address:					
Race/Ethnicity:				Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Current High School:	<input type="checkbox"/> ARHS	<input type="checkbox"/> FDHS	<input type="checkbox"/> SHS	<input type="checkbox"/> WHS	
Parent's Guardian Name:					
Parent's Email Address:			Parent's Phone:		

II. School Activities/Awards/Honors					
Name of Group/Activity	Grade Level(s)				Leadership Positions Held, <i>if applicable</i>
	<i>Check all Boxes that apply</i>				
	9 th	10 th	11 th	12 th	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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III. Community Activities/Awards/Honors						
Name of Group/Activity	Grade Level(s)				Leadership Positions Held <i>if applicable</i>	Documented Hours <i>if available</i>
	<i>Check all Boxes that apply</i>					
	9 th	10 th	11 th	12 th		
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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IV. Financial Awards and Scholarships							
Type of Aid Applied For				Name Of Aid	Awarding Organization	Amount Expected	Check if Accepted
Scholarship	Loan	Grant	Award				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
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Essay Entry for Johnnie Mae Good Mazyck Scholarship

Enter Your Typed Essay **OR** Downloadable Video Link [HERE](#)

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Essay Entry for General Scholarships

- LaVerne Wilson Williams Memorial
- Summerville Alumnae Scholarship
- Summerville Alumnae Grant-In-Aid
- Finer Womanhood Award
- Sandra Fishburn Larry Scholarship

Enter Your Type Essay **OR** Downloadable Video Link [HERE](#)

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VI. Scholarship Recommendation Form

DIRECTIONS: In addition to filling out this form, you may also write a letter if you feel it would better reflect your opinion of this applicant. Please attest to the applicant's academic potential, leadership ability, character, and commitment to serving humanity. Place this form and the letter (if you choose to submit one) in a sealed envelope and give it to the applicant to return with his or her other application materials.

NOTE: You must **NOT** be a relative of the applicant.

APPLICANT'S

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

HIGH SCHOOL: ARHS FDHS SHS WHS

	BELOW AVERAGE 1	AVERAGE 2	ABOVE AVERAGE 3	SUPERIOR 4
CHARACTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOLASTIC ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate reasons why you feel this applicant should receive this scholarship.
 (If you attach a letter, you may leave this part blank)**

Recommender's Name:		Relationship:	
Street Address			
City/Town		State Abbreviation:	Zip Code:
Email Address:		Phone	
Recommender's Signature:			Date:

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VIII. Applicant's Signatures

The information provided in my application packet is, to the best of my knowledge, complete and accurate. I understand that any false statements in this application may disqualify me from consideration of this scholarship award. I also understand and agree that all information submitted will become property of the Summerville Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated and will be kept confidential. I understand that I will be granted a personal interview if I submit a completed packet. I further understand that if I am chosen as a recipient, I am expected to attend the May Week Awards Program where the scholarship will be awarded.

If any of the above information is omitted and all directions are not followed, the application will be disqualified.

Signature of Applicant

Date

Signature of Applicant's Parent or Guardian

Date

IX. To be completed by the School Counseling Director

Please complete the following information for the scholarship applicant.

Class Rank:		Number of Students in Class:	
SAT Superscore:		ACT Superscore:	
Unweighted GPA:		Weighted GPA:	
<i>For Grant-In-Aid Applicants</i>			
<input type="checkbox"/> I certify the applicant listed above has a currently active IEP or 504 Plan on file.			
School Counseling Director's Name:			
School Counseling Director's Signature:			Date:

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X. Complete Application Checklist

Use the checklist to make sure that you have submitted all the required materials to receive consideration for the scholarship. Before submitting your application packet, please place a check mark next to each item below to indicate that you have reviewed your packet and that these items are included in your packet. Incomplete applications **will not** be considered.

Your application packet must include the following documents.

- A completed typed application, Pages 1-3
- The essay must be submitted in a typed **OR** digital/video format. Pages 4, 5
 - Option 1: 350-500 words, double-spaced using a size 12-point Times New Roman font **OR**
 - Option 2: 22-88 seconds, downloadable link
- Completed recommendation forms or letters must be provided in sealed envelopes or emailed directly by the recommender, Page 6
 - Recommendations from family members in the categories above will not be accepted. It is suggested that you ask the people who are writing your recommendation to comment upon.
 1. The length of time they have known you
 2. Your personal qualities, character, leadership abilities, and/or any special attributes
 3. Why they believe you have the perseverance to succeed at the college/university level.
- Signature & date Photograph and Video Authorization and Release Form, Page 7
- A parent/guardian signature and date, Pages 7, 8
- Applicant Signature and date at the end of the application, Page 8
- Signature of School Counselor, Page 8
- An **official, signed** high school transcript with the official seal
- An acceptance letter from a technical school, college or university

Applications must be *RECEIVED* by March 11, 2026

The application can be accessed online at www.summervilledst.org
Should you have any questions, contact Scholarship Chairperson at
summerville.alumnae.scholarship@gmail.com

Submit Completed Applications:

By Email To:

summerville.alumnae.scholarship@gmail.com

-OR-

By Mail To:

**Summerville Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated
Post Office Box 1962
Summerville, South Carolina 29484**