

Delta Sigma Theta Sorority, Inc.

Conway Alumnae Chapter
(Non-Profit, Tax-Exempt, Public Service Organization)

STUDENT SCHOLARSHIP APPLICATION 2021

Deadline: March 11, 2022

Section I: Personal Information

Name: _____
Last, First, Middle

Social Security #: _____ - _____ - _____ (Optional until awarded)

Date of Birth: _____ Ethnicity: _____ (Optional)

Mailing Address: _____
Street City State Zip

Telephone (H): _____ (C): _____
(Area Code) (Area Code)

Email Address: _____

Parent/Guardian Name: _____

Telephone (W): _____ (C): _____
(Area Code) (Area Code)

Signature of Parent or Guardian _____

Section II: Academic Record

Name of your Guidance Counselor: _____ High School: _____

Counselor's E-mail Address: _____

Please Indicate Scores for the Following: Total GPA _____ Class Rank _____ of _____

SAT Verbal _____ Math _____ Writing _____ Total _____

(Optional)

ACT English _____ Math _____ Reading _____ Science _____ Composite _____

Guidance Counselor Signature _____

Section III: Enrollment Information

List the college/university you plan to attend:

Name: _____

Address: _____

Have you been accepted? _____ Yes _____ No

Anticipated Major _____ Anticipated Minor _____

Anticipated Career: _____ Degree Sought _____

Section IV: Biographical Essay (No Resumes)

In 100-150 words, express your personal values, desires, ambitions, and financial need for the scholarship on a separate sheet and attach it.

Section V: Required Items

Along with your application, please include:

- 1 letter of recommendation from a teacher
- 1 letter of recommendation from a guidance counselor
- 1 official transcript
- 1 bust portrait of yourself

Section VI: Student Statement

IMPORTANT

*Please read the following and certify by signing below if you understand and accept the statement as being your own. I do hereby agree that a portrait of me may be included in local newspapers and Delta Pageant Souvenir Book. I understand that I must be an African-American female, Horry County resident, and U.S. citizen to qualify. I understand that the \$1,000 scholarship is a onetime only award. I understand that the scholarship can only be used towards books/tuition. I understand that the scholarship will be paid in full at the **beginning of the fall semester only** to the college or university in which I am registered. If I am unable to attend the fall semester after my high school graduation date, the scholarship will be forfeited thereafter. I understand that withholding requested information or giving false information gives Delta Sigma Theta Sorority, Inc. the right to declare me ineligible for the scholarship. By signing below, I certify the above statements are true and that this application is complete and accurate.*

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Please forward all questions and concerns to:

Mrs. Janet Lawrence-Patten

cacscholarscommittee@gmail.com or (843) 222-6557

Mail applications to:

Delta Sigma Theta Scholarship Committee

c/o Janet Lawrence-Patten

P. O. Box 2454

Conway, SC 29528