# EASTERN PANHANDLE ALUMNAE CHAPTER, DELTA SIGMA THETA SORORITY, INC.

#### SCHOLARSHIP APPLICATION

#### **BACKGROUND**

The Eastern Panhandle Alumnae Chapter of Delta Sigma Theta Sorority, Inc. was chartered in April 2007 and serves Jefferson and Berkeley Counties. It is a public, nonprofit organization composed of college educated women. The Sorority was organized in 1913 at Howard University by African-American women. Today, there are over 250,000 thousand members in all states and many foreign countries.

#### **AWARD**

A scholarship of \$1000 will be awarded to one student graduating from an accredited high school in Berkeley County and one student in Jefferson County.

## **ELIGIBILITY REQUIREMENTS**

To be considered for the scholarship, the following criteria must be met:

- 1. A female graduate from an accredited secondary high school in Berkeley or Jefferson counties in West Virginia;
- 2. Enter a four-year college or university as a full-time freshman in the fall of 2019;
- 3. Have a minimum scholastic average of a 3.0 on a 4.0 scale;

## APPLICATION PROCEDURE

To be considered for a scholarship, your application must include the following:

- 1. Scholarship Application (instructions on the application);
- 2. One recommendation from an official or teacher in your school;
- 3. One recommendation from an official of proof public service involvement (e.g., girl scouts, Key Club, 4-H, tutoring, church, Relay for Life, etc.);
- 4. Relatives of an applicant may not provide references;
- 5. A copy of your high school transcript that includes SAT or ACT scores with official school seal

The completed application, recommendations and transcript must be <u>postmarked by March 1</u>, <u>2019</u> and returned to the address below. Late applications will not be considered. All information is considered confidential. The 2019 recipient will not receive the scholarship award until proof of enrollment is provided to the Chapter by the college.

Please mail to: EPAC-DST Scholarship Committee P.O. Box 819 Charles Town, WV 25414

Revised 10/17

# EASTERN PANHANDLE ALUMNAE CHAPTER, DELTA SIGMA THETA SORORITY, INC. SCHOLARSHIP APPLICATION March 1, 2019

Directions: Please type or print your information on the blanks provided. You may attach additional sheets if needed. Put your name at the top of each additional sheet submitted.

STUDENT INFORMATION								
Last Name:	First Name:		Middle Name:					
Mailing Address: Street & Apt. #								
City:			State:	Zip Code:				
Home Phone Number:	Cell Phone Number	er:						
Email Address:								
PA	RENT/GUARD	IAN INFORM	ATION					
Who does the student currently liv	ve with? Mother F	ather Both Guar	dian					
1 1	Mother/Fe	male Guardian						
Name:	Pl	hone Number:		_( ) Home ( ) Cell				
Mailing Address (Street & Apt #):_								
City:	State:	Zip Cod	e:					
Email Address:								
	Father/M	Iale Guardian						
Name:	Pl	hone Number:		( ) Home ( ) Cell				
Mailing Address (Street & Apt #):_								
City:	State:	Zip Cod	e:					
Email Address:								
	COLLEGE A	PPLICATION						
List the colleges and universities to offered you admittance.	o which you have appli	ied. Please place an as	terisk next to t	he institutions that have				
1		4						
2		_ 5						
3		6						

	SCHO	OL INFO	RMATIO	N					
Please provide a copy of your high school transcript with official school seal and ACT and/or SAT scores.									
Name of High School:									
Mailing Address:									
Training Fixed cast									
City:				State:	Zip Code:				
Phone Number:	Email	Address:							
Hone Rumber.	Billan								
Grade Point Average: Calculate the	student's cu	mulative grade	point average						
// O Unweighted GPA		/4 0 Weight	ed GPA						
/4.0 Unweighted GPA /4.0 Weighted GPA  Standardized Test Scores: Confirm that the student is registered to take or has taken the SAT or ACT during the 2016-									
2017 academic school year:									
CATE Total Date	Erridanaa	d Dagod Doodin	g & Writing	M	uth				
SAT: Test Date	Evidence	d Based Readin	g & writing		1/11				
ACT: Test Date	English	Math_	Reading	Science_	Composite				
			Data						
Counselor's Signature			Date:						
Print Name:									
EX	TRACT	<b>IRRICUL</b>	AR ACTIV	TTIES					
List or provide an attachment of sc	hool and con	nmunity organi	zations in which	ı you have particip	oated during high				
school.									
Activity	7	Year(s) You Participated Offic			<b>Held</b>				
Tablitag	_	(e.g., grades 9-12)		` ,					

HONORS	S, AWARD	S, AND RECC	GNITIONS	
List the honors, awards and any other	recognition that	you have received an	d the dates you receive	ed them.
	and the state of t	TENT HISTO	RY	
List your employment history. Please sta	rt with your most	recent job.		
EMPLOYER JOE	TITLE	SUPERVISOR	DATES OF EMPI	OYMENT
				-
STUI	DEN'T PERS	SONAL STAT	EMENT	
Provide a personal statement not to ex	ceed one page or	the following topic:	100	
Life lessons are often learned through vo	Andrews Andrews and the property of the proper	PROPERTY OF THE PROPERTY OF TH	ut yourself from volunte	ering?
By the signatures below, you affirm that	And the second s	IFICATION	is true and complete to	the best of your
knowledge. Misrepresentation or the su	bmission of inacc	urate or incomplete in	formation will result in	disqualification or
forfeiture of any award.				
Applicant Signature	ar-v-v-		Date	
Parent/Guardian Signature			Date	
	***************************************			