



Delta Sigma Theta Sorority, Inc.

2019-2020 Scholarship Application

How to Apply:

1. Completely fill out the application in blue or black ink. You may also go to the website <https://www.dstwichitaalumnae.com/scholarships> and use the fillable form. **Do not** leave any blanks.
2. An **un-official** high school transcript, in a sealed envelope from the school registrar or you may have it emailed to: **lhfields1968@gmail.com**.
3. Two letters of recommendation on **official letterhead, signed by the originator** in a **sealed envelope** (non-family members).
 - a. A school official (ex: teacher, principal, counselor, coach).
 - b. A community member (ex: Pastor, supervisor, volunteer coordinator).
4. A **300-500 word** essay, 12 pt. Times New Roman font and double spaced, addressing the following question:

Share your insights around the growing concerns of mental health and how can you help to increase awareness within your community?
5. *A recent photo (not a selfie), that may be used in chapter publications.
6. *If you are **under the age of 18** we will need the signature of your parent/guardian.
7. Submit the completed application (no blank sections) with all supporting documents by the **deadline of March 14, 2020** to: **Wichita Alumnae Chapter of Delta Sigma Theta Sorority, Inc.**
P.O. Box 20289 • Wichita, Kansas 67208
***If application is incomplete, it will not be considered.**

Qualifications:

All applicants must be:

1. A high school graduate from the Wichita Metropolitan Area (Butler, Harvey, Sedgwick, Sumner and Kingman Counties) at the end of the current academic year.
2. Hold a minimum 2.50 cumulative GPA on a 4.0 scale.
3. Planning to enroll in an accredited 2 or 4-year college/university for the upcoming academic year.

Please Note:

1. This is a one-time monetary award.
2. All scholarship applications will be reviewed by the Scholarship Committee.
3. Applicants with complete applications and who meet scholarship qualifications will be notified of date, time and location for interviews.
4. Scholarship winners will be notified of time and location of the recognition ceremony to be held on **May 9, 2020**.
5. Scholarships will not be distributed at the recognition ceremony.
6. If selected as a scholarship recipient, a copy of your letter of acceptance and confirmation of enrollment should be mailed to the chapter no later than **August 15, 2020**.

Scholarship Applicant Information

Full Name	Last:	First:	Middle:
Mailing Address	Street Address:		Apt #:
	City:	State:	Zip:
Contact	Home#:	Cell#:	Email:
Ethnicity (select all that apply)	<input type="checkbox"/> African American <input type="checkbox"/> American-Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
	Emergency Contact	Name:	Phone:
Are you a child/grandchild of a member of Delta Sigma Theta Sorority, Inc		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name and chapter:

High School Information

Name:	Grad Date:	Cumulative GPA:
Academic Honors		
List two references and their affiliation	1.	
	2.	
How were you made aware of this scholarship? <input type="checkbox"/> School Counselor <input type="checkbox"/> Family/Friend <input type="checkbox"/> Church <input type="checkbox"/> Other		

American College Test (ACT) Scores

Did not take

English:	Math:	Reading:	Science:	Composite:
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Extracurricular Activities/Interests (include dates and offices held)

Clubs			
Sports			
Art/Music			

Community Service (include type of service)

Agency	Dates	Activities

College Plans/Educational Intent

Accepted

Top three schools you are applying to		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Major Area of Study		<input type="checkbox"/> Unknown

Scholarship Committee

Chairperson	LaWanda Holt-Fields (for questions you may contact: lhfields1968@gmail.com)
Committee Members	Brenda (Ms. B) Burkhalter • Ly'Teesha Martin • Narvella McElrath Donna Simpson • Samone Thomas • Marlana Walker
Ex-Officio Member	Teketa M. Harding, Chapter President

By signing below, you certify that the above information is factual and true to the best of your knowledge. You also understand that you are subject to disqualification in the event that the above information is found to be falsified.

<input type="checkbox"/> All questions answered	<input type="checkbox"/> HS Transcripts	<input type="checkbox"/> 2 Recom. letters	<input type="checkbox"/> Essay	<input type="checkbox"/> Recent photo*
Student Signature:			Date:	
*Parent/Guardian:			Date:	