



**DELTA SIGMA THETA SORORITY, INC.
HARFORD COUNTY ALUMNAE CHAPTER
SCHOLARSHIP APPLICATION 2012**



PLEASE TYPE OR PRINT (USE BLUE OR BLACK INK ONLY)

PART I – All information in this section relates to the student applicant.

NAME _____ GENDER _____
(LAST) (FIRST) (MIDDLE) F / M

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE #: _____ BEST PHONE # _____

NAME OF HIGH SCHOOL _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

CUMULATIVE GRADE POINT AVERAGE (GPA): _____

PART II – Please provide the following data on a separate sheet and specify each year of participation and positions or offices held:

- 1. List all school related extracurricular activities that you have participated during the past four (4) years. Indicate leadership positions if applicable.**
- 2. List any academic awards/honors you have received during the past four (4) years.**
- 3. List all community related activities for which you have been an active participant.**
- 4. In a well written composition of 100-150 words, explain your career goal(s) and educational plan to pursue your goal(s).**

PART III - Please provide an official transcript. (Transcript should include GPA & SAT/ACT score).

List the college to which you have been accepted along with a **COPY OF AN ACCEPTANCE LETTER FROM THE COLLEGE OR UNIVERSITY.**

SCHOOL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PART IV - Please provide one letter of recommendation from a teacher in your high school.

I HEREBY CERTIFY that all statements made herein and on any attachments are true and correct to the best of my knowledge. Submission of false information will result in disqualification. **Incomplete application packets will not be considered.**

Print Your Name _____

Signature _____

Date _____



DELTA SIGMA THETA SORORITY, INC.
HARFORD COUNTY ALUMNAE CHAPTER
SCHOLARSHIP APPLICATION 2012
HIGH SCHOOL COUNSELOR REPORT



Please print or type

TO BE COMPLETED BY THE STUDENT:

The applicant should complete the section below and give to guidance counselor or teacher for completion. Official school personnel must sign this form. **This form must accompany your application.**

Student's Name: _____

Home Address: _____

Name of High School: _____

School Address: _____

Signature of Student

Date

TO THE COUNSELOR OR TEACHER:

Please complete the following information and return to the student to include with the Scholarship Application.

1. Evaluate the applicant's personal qualifications using the following key:

1- Outstanding 2 – Average 3 – Below 4 – No Basis for Judgment

_____ **Dependability:** reliability, promptness, attendance

_____ **Maturity:** poise, handles various situations appropriately

_____ **Behavior:** well mannered, respectful, cooperative

_____ **Work Habits:** industrious, takes initiative, self-reliant

_____ **Leadership:** positive influence, motivates others

_____ **Conflict Resolution:** settles conflict/disputes using appropriate methods in lieu of physical or verbal aggression

Please place official school seal in this box.

2. Comments:

In your opinion, if the applicant is outstanding or below average in any factor, please give reason for your evaluation.

3. Would you recommend this student for a scholarship?

_____ Recommended _____ Recommended with Reservation

_____ Not Recommended _____ No Basis for Judgment

Official School Personnel's Signature _____ Title _____

Date _____

Office Telephone #: _____



**DELTA SIGMA THETA SORORITY, INC.
HARFORD COUNTY ALUMNAE CHAPTER
SCHOLARSHIP APPLICATION 2012**

Dear Applicant:

The Harford County Alumnae Chapter of Delta Sigma Theta Sorority, Inc., has a sincere interest in the future academic endeavors of our youth. The Harford County Alumnae Chapter is offering its annual **Scholarship Award** to graduating seniors from the Harford and Cecil County areas. Each applicant **must** submit the following information **POSTMARKED** on or received before **February 29, 2012**:

1. **A completed SCHOLARSHIP APPLICATION.**
2. **A copy of the acceptance letter from the college or university the applicant plans to attend.**
3. **An official transcript. (Transcript should include GPA & SAT/ACT score)**
4. **The list of questions identified in Part II.**
5. **An essay explaining his/her career goal(s) and plan(s) to pursue the goal(s). Not to exceed one (1) page.**
6. **One letter of recommendation from a teacher in his/her high school.**
7. **High School Counselor Report.**

Applications may be obtained from each high school guidance counselor, in Harford and Cecil Counties and/or downloaded from the HCAC website: www.dst-harfordcountyalumnae.org

All information must be postmarked and received by **February 29, 2012** and mailed to:

**Delta Sigma Theta Sorority, INC.,
Harford County Alumnae Chapter
C/O Scholarship Committee
P.O. Box 315
Aberdeen, MD 21001**

Interviews will be scheduled on Sunday March 11, 2012. Candidates will be notified by telephone and through the mail after March 4, 2012. Please be prepared to discuss your academics, extra curricular activities, leadership ability and community involvement.

Sincerely,

Carla M. Walton
Chapter President

Raquel Adams
Chair, Scholarship Committee