P.O. Box 1482 Gastonia, NC 28053,

January 9, 2023

To Whom It May Concern:

The Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is an organization of college educated women committed to constructive development of its members and to service, with a primary focus on male and females in the African-American community. Each year, our sorority offers scholarships in recognition of our mission and heritage to deserving high school seniors seeking higher education in a two or four-year institution. Therefore, we hope that those high school seniors who share our goals and purpose will apply.

Completed applications must be postmarked by Friday March 3,2023 and must be sent to:

Gastonia Alumnae Chapter Delta Sigma Theta Sorority, Inc. C/o Scholarship Committee PO Box 1482 Gastonia, NC 28053

Incomplete applications will not be reviewed. No exceptions Children whose parents are affiliated with the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. are ineligible.

All Applicants Must Meet the Following Eligibility:

- Be an African American male or female high school senior planning to enroll in an accredited two-year community college or four-year college or university
- Reside in Gaston County, attend a high school in Gaston County, and is in good standing to graduate by May 2023
- Have a minimum cumulative Grade Point Average of 2.75 on a 4.0 scale or 1.75 on a 3.0 scale
- Have applied for Fall 2023 admission/enrollment in a four-year college or university or two year community college.
- Have active engagement within their community and/or school
- Have recent SAT or ACT scores as well as 1st Semester Final Grades
- Not be a child of a parent who is affiliated with the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

All interviews will be scheduled during the week of March 13, 2023

Thank you for your interest in our scholarship program.

Sincerely,

Renee B. KnightRenee B. Knight Chair
Scholarship Committee

Gastonia Alumnae Chapter Delta Sigma Theta Sorority, Inc. Scholarship Application 2023 (Please Type or Print All Information with a Black Ballpoint Pen)

I. PERSONAL DATA

Name:				
Last	First		Middle	
Address:				
Number Street		City, State	Zip	
DOB:/Hon	ne Phone:	Cell Pho	one:	
month/day/year				
E-Mail Address:			Gender: M □ F □	
Parent(s) Name(s):				
Parent Address:				
If different than above				
High School Name:				
High School Address:				
Number Street		City, State	Zip	
Dates Attended: from	10	Current GPA*:	Scale of ive GPA of 2.75 on a 4.0 scale or 1.	
1. List the organizational men Organizations		Office(s) Held and Y	Year	
2. List the organizational men	nberships and offices y	ou have held in your community. Office(s) Held and Y	(ear	
3. List your Honors and Awar	rds and the Year You R	eceived Them.		
4. List Your Special Interests:				

Scholarship Application 2023

(Please Type or Print All Information with a Black Ballpoint Pen)

III. WORK EXPERIENCE (Option — You may attach a current résumé for Part III)

List any work experience (Include job title, employer, and dates of employment)

Employer:				
Address:				
Job Title:				
	mployment:			
	1 ,			

IV. REQUIRED ESSAY

- Attach One Page (250-500 Words) Typed Essay on the following: **How will receiving a scholarship from** the women of Delta Sigma Theta Sorority, Inc. assist you in attaining your future goals? (Required)
- Address at **least one** the following questions within your essay:
 - What values have you gained from your participation in your public service involvement in middle/high school and/ or church?
 - Why is active participation within the community and public vital to one's future?
 - How does community involvement and service shape one for the future?

Correct grammar and punctuation will be evaluated as part of the essay.

V. POST SECONDARY INFORMATION

	INSTITUTION 1	INSTITUTION 2	INSTITUTION 3
Institution Name			
Institution Location (City & State)			
Application Status	PendingAcceptedRejected	PendingAcceptedRejected	PendingAcceptedRejected
Annual Tuition	\$	\$	\$

Scholarship Application 2023
(Please Type or Print All Information with a Black Ballpoint Pen)

VI. FAMILY HISTORY

1. Parent/Guardian

Mother's Name:

Last First Middle

Occupation/Job Title:

Phone Number:

Cell Phone:

Father's Name:

Last First Middle

Occupation/Job Title:

Cell Phone:

Cell Phone:

Phone Number:

Cell Phone:

Cell Phone:

Number of Dependents in household:

Number of Dependents currently attending a college or university:

3. Are you a child of a parent who is affiliated with the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.?

Yes _____ No ____

Scholarship Application 2023

(Please Type or Print All Information with a Black Ballpoint Pen)

VII. OTHER SCHOLARSHIP/FINANCIAL AWARDS

List any other scholarships of financial awards you have applied for, received or that are pending

Gifts, Awards, & Scholarships	Term of Award	Total Amount	
	(1 yr; 4 yr; Renewable, etc.)	Of the Award	
1.			
2.			
3.			
4.			
Grand Total Gifts, Awards, & Scholarships			

VIII. RECOMMENDATIONS

Please submit one (1) Letter of Recommendation and one (1) Guidance Counselor form

- Recommendation may **NOT** be from a RELATIVE of the applicant
- Letter must be addressed to Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
- Must be written on the recommender's official letterhead, signed, and dated
- Submitted in an official sealed envelope with the recommender's signature across the seal
- Recommendation letter must be returned to the applicant for submission with the application package

Letter of Recommendation from Teacher/Community Service Leader/Supervisor or Church Official. Recommendations must address the:

- Length of time they have known you and in what capacity
- Description of your community activities/involvements
- Description of your character
- Recommender's job title and contact information

Please Note: Completed Guidance Counselor Recommendation Form should be in a sealed envelope.

Scholarship Application 2023
(Please Type or Print All Information with a Black Ballpoint Pen)

APPLICATION CHECKLIST

Completed application and supporting documents must be submitted as one completed application package and received by <u>Friday, March 3, 2023 in order to be reviewed.</u>

A completed application package is as follows:

- Completed application with signed *Declaration*
- The typed 250-500 word essay
- Official transcript with cumulative **GPA requirement** in a sealed envelope
- SAT and/ or ACT listed on transcript or included on official form in sealed envelope
- Résumé (Optional to complete *Part III Work Experience* on application)
- One Letter of Recommendation written to Gastonia Alumnae Chapter of Delta Sigma Theta Sorority,
 Inc.
- One Guidance Counselor Form
- College acceptance letter, if received

APPLICANT ELIGIBILITY: All Applicants Must:

- Be an African American high school senior planning to enroll in a two or four-year college or university
- Reside in Gaston County and attend a public or private school in Gaston County, NC
- Have a minimum cumulative Grade Point Average of 2.75 on 4.0 scale or a 1.75 on a 3.0 scale
- Have applied for Fall 2023 admission/enrollment in a two or four-year college or university
- Have recent SAT/ACT scores and 1st Semester Grades
- Not be a child of a parent affiliated with the Gastonia Alumnae Chapter of Delta Sigma Theta, Inc.

EVALUATION CRITERIA

- Factors considered by the Scholarship Selection Committee in evaluating applications include leadership, community involvement, and academic achievement.
- Unofficial and/or unsealed transcripts as well as recommendations will not be accepted.
- Applications received after the deadline of March 3, 2023 will not be reviewed.
- Incomplete applications will not be reviewed.
- NOTE: Application materials will not be returned.

SCHOLARSHIP INTERVIEW

Applicants who qualify will be contacted by the scholarship committee and informed of interview date, time and location. Award recipients will be notified by the beginning of April 2023.

DECLARATION

I hereby declare that all of the above statements are true. I have also included with this application the necessary official transcript and letters of recommendation in sealed envelopes. I understand all information submitted will become the property of the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and will not be returned. I am willing to appear for a personal or virtual interview and to forward any additional information if necessary. I agree to accept the decision of the Scholarship Committee of the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Applicant Signature	//	/	Date

Scholarship Application 2023 (Please Type or Print All Information with a Black Ballpoint Pen)

GUIDANCE COUNSELOR RECOMMENDATION FORM

Applicant Name:

This student is an applicant for a sch Gastonia Alumnae Chapter of Delta constructive development of its men We thank you for taking the time to a considered confidential.	Sigma Theta obers and to s	Sorority, Inc	. is an orga a primary f	nization of focus on w	f college-educated women comen in the African-Amer	committed to rican community.
To the Recommender: After complisionature on the seal. This recommen applicant is important in order to me application process, please contact, S	ndation is a recent the following	quired part ong deadline:	of the scho March 3, 2	larship app 023 . If yo	olication package so a pron	npt return to the
Please complete Sections A and B	of this reco	mmendatio	n form.			
Section A: Recommender's Information Name & Title:						
E-mail:			Phone:			
High School:						
In what capacity do you know the ap	plicant?					
How long have you known the application	cant?					
Recommender's Signature & Date : Section B: Please rate the applicant of						
Scale Item	Excellent	Good	Fair	Poor	No Basis for Judgment	
Academic Performance						
Communication/Interpersonal Skills						
Leadership Skills						
Work ethic and Responsibility						
Creativity						
Emotional Maturity						
Self Confidence						
Community Service/Citizenship						
Diligence/Commitment						
Motivation to attend College						