February 4, 2020

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 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 27, 2020 and must be sent to:

Gastonia Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
c/o The Scholarship Committee  
P.O. Box 1482  
Gastonia, NC 28053

Incomplete applications will not be reviewed. No exceptions  
Children of Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. members are not eligible.

All Applicants Must Meet the Following Eligibility:

- Male or female high school senior planning to enroll in a four-year College or University
- Reside in Gaston County and/or attend a Gaston County High School
- Must be in good academic standing to graduate by June 2020
- Have a minimum cumulative Grade Point Average of a 2.75 on a 4.0 scale or 1.75 on a 3.0 scale
- Have applied for Fall 2020 admission/enrollment in a four-year College or University
- Have active engagement within their community and/or school
- Have November and/or December SAT/ACT scores as well as 1st Semester Final Grades
- Must not be a child of a member of the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

All interviews will be scheduled during the week of April 6, 2020.
Thank you for your interest in our scholarship program.

Sincerely,

Michelle A. Pettiford
Michelle A. Pettiford, Chair  
Scholarship Committee
Gastonia Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Scholarship Application 2020
(Please Type or Print All Information with a Black Ballpoint Pen)

I. PERSONAL DATA

Name: ________________________________________________________________

Address: ________________________________________________________________

DOB: ____/____/____ Cell Phone: ___________________________ Home Phone: ___________________________

E-Mail Address: __________________________________________________________

Parent(s) Name(s): _______________________________________________________

Parent Address: __________________________________________________________

High School Name: _______________________________________________________

High School Address: _______________________________________________________

Dates Attended: from ______ to _______ Current GPA: __________ Scale of _______

*Must have a cumulative GPA of 2.75 on a 4.0 scale or 1.75 on a 3.0 scale

III. ORGANIZATIONS, HONORS, SPECIAL ACHIEVEMENTS & INTERESTS

(Include all leadership activities, special programs, internships, etc. in which you have been involved. Please utilize a separate sheet of paper if you need to include more information.)

1. School extracurricular organizations/memberships:
   Organizations __________________________________________________________
   __________________________________________________________
   Office(s) Held and Year ________________________________________________
   __________________________________________________________

2. Community organizations/memberships:
   Organizations __________________________________________________________
   __________________________________________________________
   Office(s) Held and Year ________________________________________________
   __________________________________________________________

3. Honors and Awards and the Year You Received Them.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. List Your Special Interests:
   __________________________________________________________
   __________________________________________________________
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(s): 
Address(s): 
Job Title(s): 
Dates of Employment: 

IV. REQUIRED ESSAY

Correct grammar and punctuation will be evaluated.

- Attach a one-page, typed Essay (250-500 Words) Entitled:
  “Life is Ever So Changing: A Look into the Future ”

(Required) Address the following question in your essay:

- How will obtaining a scholarship from Delta Sigma Theta, Inc. assist you in attaining your future goals?

- Address at least two (2) of the following questions in your essay:
  - How has your participation in public service influenced your future goals?
  - Why is your active participation in the community vital to your future?
  - Which public service opportunity resonated with you the most and why?

V. POST SECONDARY INSTITUTIONS WHERE YOU HAVE APPLIED

<table>
<thead>
<tr>
<th>INSTITUTION 1</th>
<th>INSTITUTION 2</th>
<th>INSTITUTION 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution Name</td>
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<tr>
<td>Institution Location</td>
<td>(City &amp; State)</td>
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<tr>
<td>Application Status</td>
<td>Pending</td>
<td>Accepted</td>
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<tr>
<td>Annual Tuition</td>
<td>$</td>
<td>$</td>
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VI. FAMILY HISTORY

1. Parent/Guardian

Mother’s Name: ________________________________________________________________
Last Name: ___________________________ First Name: _____________________________ Middle Name: ___________________________
Occupation/Job Title: _____________________________________________________________
Cell Number: ___________________________ Other Phone (specify): _______________________

Father’s Name: _________________________________________________________________
Last Name: ___________________________ First Name: _____________________________ Middle Name: ___________________________
Occupation/Job Title: _____________________________________________________________
Cell Number: ___________________________ Other Phone (specify): _______________________

2. Number in Household __________ Number of Dependents in household: _______
Number of Dependents currently attending a college or university: ________________

3. Are you a child of a member of Gastonia Alumnae Chapter of Delta Sigma Theta?
Yes ______ No ______

VII. SCHOLARSHIP/FINANCIAL AWARDS

List all scholarships/financial awards you have applied for, received or that are pending.

<table>
<thead>
<tr>
<th>Gifts, Awards, &amp; Scholarships</th>
<th>Term of Award</th>
<th>Total Amount Of the Award</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1 yr; 4 yr; Renewable, etc.)</td>
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<tr>
<td>1.</td>
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<td>4.</td>
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<tr>
<td>Grand Total Gifts, Awards, &amp; Scholarships</td>
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</tbody>
</table>
Gastonia Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Scholarship Application 2020  
(Please Type or Print All Information with a Black Ballpoint Pen)

VIII. RECOMMENDATIONS

Submit the following:

A. (1) Letter of Recommendation from a teacher OR one (1) Form completed by a Guidance Counselor- (This Form is in the application packet)

- Recommendations may NOT be from RELATIVES of the applicant
- Letters must be addressed to Gastonia Alumnae Chapter of Delta Sigma Theta Sorority
- Must be written on recommender’s official letterhead, signed, and dated
- Submitted in an official sealed envelope with the recommender’s signature across the seal
- Recommendation letters must be returned to you for submission with the application package

B. (1) Letter of Recommendation from Community Service Leader/Supervisor or Church Official. Recommendations must address:

- 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

Note: Guidance Counselor Form and Letters of Recommendation should be in a signed, sealed envelope.

APPLICATION CHECKLIST

Completed application and supporting documents must be submitted as one completed application package and received or postmarked by Friday, March 27, 2020 to be reviewed.

A completed application package is as follows:

- Completed application with signed Declaration
- Official transcript with cumulative GPA in a sealed envelope
- SAT and ACT listed on transcript or included on an official form in a sealed envelope
- Résumé (Optional – to complete Part III – Work Experience on application)
- One Letter of Recommendation from Teacher written to Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or One Guidance Counselor Form in a sealed envelope WITH SIGNATURE
- One Letter of Recommendation from Community Service Leader/Supervisor or Church Official written to Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
- College acceptance letter, if received
Gastonia Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Scholarship Application 2020
(Please Type or Print All Information with a Black Ballpoint Pen)

APPLICANT ELIGIBILITY: All Applicants Must:

• Be a current high school senior with plans to enroll in a four-year College or University
• Reside in Gaston County and attend a public or private school in Gaston County
• 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 2020 admission/enrollment in a four-year College or University
• Submit November or December SAT/ACT scores and 1st Semester Grades
• Not be a child of a member of the Gastonia Alumnae Chapter of Delta Sigma Theta, Inc.

EVALUATION CRITERIA

• Factors considered by the Scholarship Selection Committee in evaluating applicants include leadership, community involvement, and academic achievement.
• Unofficial and/or unsealed transcripts and recommendations will not be accepted.
• Applications received after the deadline of March 27, 2020 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 May 22, 2020.

DECLARATION

I hereby declare that all of the above statements are true. I have also included with this application, the official transcript and letters of recommendation in sealed envelopes. I understand that all information submitted 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 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
GUIDANCE COUNSELOR RECOMMENDATION FORM

Applicant Name: ____________________________________________

This student is applying for a scholarship awarded by the Gastonia Alumnae Chapter, Delta Sigma Theta Sorority, Inc. 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 women in the African-American community. We thank you for taking the time to aid us in our review of this applicant’s qualifications for our scholarship. All information will be kept confidential.

To the Recommender: After completing this recommendation form, return it to the applicant in a sealed envelope with your signature on the seal. This recommendation is a required part of the scholarship application package so a prompt return to the applicant is important in order to meet the following deadline: March 27, 2020. If you have any questions regarding this application process, please contact Ms. Michelle A. Pettiford, Scholarship Chairperson at (704) 488-0194.

Please complete Sections A and B of this recommendation form.

Section A:

Recommender’s Information

Name & Title: ____________________________________________

E-mail: ____________________________________________ Phone:_______________________________

High School:____________________________________________________

In what capacity do you know the applicant?__________________________________________________

How long have you known the applicant?____________________________________________________

Recommender’s Signature & Date :_________________________________________________________

Section B: Please rate the applicant using the scale below.

<table>
<thead>
<tr>
<th>Scale Item</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Basis for Judgment</th>
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</thead>
<tbody>
<tr>
<td>Academic Performance</td>
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<td>Communication/Interpersonal Skills</td>
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<td>Leadership Skills</td>
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<td>Work ethic and Responsibility</td>
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<td>Creativity</td>
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<td>Emotional Maturity</td>
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<td>Self Confidence</td>
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<td>Community Service/Citizenship</td>
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<td>Diligence/Commitment</td>
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<td>Motivation to attend College</td>
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