1

SPRINGFIELD ALUMNAE CHAPTER

DELTA SIGMA THETA SORORITY, INC.

(*A SERVICE SORORITY*)

SCHOLARSHIP APPLICATION



APPLICANT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_

 First (MI) Last

PARENT/GUARDIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Town State & Zip Code

HOME PHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell PHONE (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you registered to vote yet? \_\_\_\_\_\_\_\_\_ Yes or No.

How did you hear about the Delta Scholarship?

0 Church 0 Social Media 0 Newspaper 0 School Counselor 0 Friend 0 Other

ACADEMIC INFORMATION (SCHOLARSHIP)

Name and address of High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current GPA: \_\_\_\_\_\_\_\_\_\_

List any academic honors or distinctions that you have earned:

List any course(s) taken for college credit. Indicate the institution and year taken.

List the college(s) to which you have been accepted. (Attach at least one acceptance letter)

COMMUNITY SERVICE & LEADERSHIP

List any organization for which you performed community service in the past four years, the dates of such service, number of hours, and the nature of the service.

Organization Dates of Service # Hrs. Worked Type of Service

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| --- | --- | --- | --- |
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List any clubs, organizations, athletic teams, etc. in which you held a leadership position in the past four years. Indicate the position(s) held and the respective dates.

 Club/Team/Organization Leadership Role Dates Held

|  |  |  |
| --- | --- | --- |
|  |  |  |
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. **SCHOLARSHIP APPLICATION ESSAY**

**Why do you think it’s important for you and African American Women to vote?**

**The Essay format should include all of the following!**

1. **Your personal point of view.**
2. **Focus on Women Voting issues. {How it impacts you, your family, and the community.}**
3. **Written as a narrative which describes your thoughts, perspectives, and experiences.**
4. **500 words minimum 1000 maximum. Typed, double space, 12 font.**
5. **Read the article before writing your Essay. It takes 10 minutes!**

**Supporting Document for Historical information and overview follow the link below.**

<https://www.teenvogue.com/story/when-women-got-right-to-vote-united-states>

**This is an amazing article from Teen Vogue about right to vote movement for women including Black Women.**

**ADDITIONAL INFORMATION!**

1. **Please find a Voter Registration information form attached. Please fill it out if you are 16 years of age or older. Even if you register to vote at 16-years-old, you will not be eligible to vote until you turn 18 years old!**
2. **Why register to vote if you are not eligible to vote until 18? It is your right as an American to exercise that right to Register!**
3. **Your vote at 18 may directly address Student Loan Forgiveness, Reproductive Rights, Access to Affordable Housing and Education as well as other areas of government.**

\*Electronic signatures are accepted\*

# By signing this Scholarship Application form you are giving your permission for Springfield Alumnae Chapter of Delta Sigma Theta sorority to use your information to determine your eligibility to receive financial award. Only the pictures of Students granted the Award will be used for Promotion of the Scholarship Award.

**With my signature, I indicate that all of the aforementioned information is true and honestly reported and that any scholarship received as a result of my application will be used to offset the cost associated with higher education.**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

(if the student is currently under the age of 18)