

Brunswick Alumnae Chapter **Delta Sigma Theta Sorority, Inc.**

Post Office Box 917
Brunswick, GA 31521

Scholarship Application Form

(Please type or print)

Thank you for applying for the Brunswick Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Scholarship. A scholarship in the amount of \$1000 is awarded biennially to graduating high school seniors, who reside in each of our four service areas (Camden, Charlton, Glynn and McIntosh counties). Applicants must have a minimum GPA of 2.50 (on a 4.0 scale). Please read all instructions before completing the application package.

Name: _____

Instructions

- A. **Complete** Application.
- B. **Submit** an essay minimum of (5) paragraphs double-spaced typed, Arial font 12 pt., entitled ***“Why I Deserve this Scholarship”*** and include the following:
 - 1. Why you should be awarded this scholarship.
 - 2. Your career choice.
 - 3. Preparations you have made towards your career choice.
 - 4. Public/Community service (give examples and locations)
 - 5. Extracurricular activities/honors and awards
- C. **Submit** (3) letters of recommendations from individuals not related to you. Examples include: teachers, clergy, supervisor of volunteer program, school counselor or administrator. Their recommendations should address the applicant’s achievements, character, attitude and behavior. ***(The signature of the person writing the letter must be on the letter. No stamped signatures accepted.)***
- D. **Submit** Official High School Transcript with test scores (***with unbroken seal***)
- E. Mail to: Delta Sigma Theta Sorority, Inc.
P.O. Box 917
Brunswick, GA 31521
Attention Scholarship Chairperson

The Application Packet must be postmarked or received no later than **April 8, 2024.**
(Late or incomplete application packets will not be considered.)

For information or clarification, contact: ***Melanie Sylve at (904) 556- 7077 or bacdst1stvp@yahoo.com.***

Brunswick Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Scholarship

Please read all instructions before completing the application. The application packet becomes the property of the Brunswick Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

APPLICANT'S INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____

Date of Birth: _____ Place of Birth: _____

High School: _____

Class Rank # _____ of _____ GPA _____ SAT or ACT Scores: _____

Parents/Guardians: _____

4-YEAR INSTITUTIONS OF HIGHER LEARNING WHERE YOU HAVE BEEN ACCEPTED OR PLAN TO ATTEND:

1. **Name of Institution:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. **Name of Institution:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. **Name of Institution:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

CERTIFICATION AND MEDIA CONSENT AND RELEASE

- I certify that the information given above is true and correct.
- I understand that if awarded the scholarship, the funds will be sent directly to the college or university. It will be my responsibility to have verification of “full time” enrollment mailed directly to the Brunswick Alumnae Chapter’s mailing address from the college or university.
- I hereby grant permission to the Brunswick Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated to publish on the Internet or media still photographs or moving images, or images prepared by me taken to highlight my achievement in efforts to promote the Scholarship Program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and without notifying me. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said images.
- I certify that I have read the Certification and Media Consent and Release Liability statement and fully understand its terms and conditions.

Print and Sign Name:

(Student)

(Date)

(Parent/Guardian – if applicant is under the age of 18)

(Date)

NOTE: *All items must be submitted as one complete application package. Incomplete packets will not be considered. If there are questions regarding the application process, contact our Scholarship Chairperson: **Melanie Sylve (904) 556-7077 or bacdst1stvp@yahoo.com.***

Print Student’s Name: _____

Signature: _____ **Date:** _____