



DELTA SIGMA THETA SORORITY, INC.
JACKSONVILLE ALUMNAE CHAPTER
P.O. BOX 2435
JACKSONVILLE, FL 32203
www.dstjax.org

Congratulations on reaching this academic milestone! Delta Sigma Theta Sorority, Inc. is an organization dedicated to aiding in the education of talented youth throughout our community. We award eight \$2,000 college scholarships; one **Literary** Scholarship, two **Leadership** Scholarships, and five **Academic** Scholarships.

Requirements for the scholarship, application, and media waiver are included below.
We wish you success as you continue your academic career!

ACADEMIC SCHOLARSHIP REQUIREMENTS:

- △ Applicant must be an African-American female.
- △ Must have a minimum acceptable G.P.A of 3.3 or higher on a 4.0 scale.
- △ Must demonstrate community involvement. This will be assessed by the number of volunteer/community service hours listed on the transcript (If not listed on the transcript, official documentation is required).
- △ Must graduate from a Duval County (public, private, or charter) high school at the end of the 2015-2016 academic school year.
- △ Must attend an accredited institution of higher education after graduation.
- △ Must have taken the SAT and/or the ACT and submit proof with the application.
- △ Must provide an official high school transcript.
- △ Must submit **two (2) typed letters of recommendation**: One (1) letter must be from a high school staff member and one (1) letter must be from a Community Service Organization in which you have performed service. Both letters must be signed and on the appropriate organization's letterhead.
- △ Must submit a typed **2-page maximum essay using 12 pt Times Roman font**. The essay must include a discussion on how your academic achievements have prepared you for your future goals, why you should be a recipient of the Academic Scholarship, and a **detailed** description of the following points to substantiate your request:
 - △ Any special academic awards and achievements;
 - △ Participation in extracurricular activities (include time spent and any leadership positions held);
 - △ Active participation in community service.
- △ Must complete and sign the scholarship application.
- △ Must sign the attached Dependent Acknowledgement Waiver and Media Waiver.
- △ Finalists will be selected by the scholarship committee based on all scholarship requirements submitted.
- △ Finalists must participate in an interview before the Scholarship Committee. A member of the Scholarship Committee will contact you to schedule your interview.
- △ Students may only apply for **ONE of the three** scholarships offered.
- △ **Dependents of members of Delta Sigma Theta Sorority, Inc. are ineligible to participate in the scholarship.**



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Academic Scholarship Application

Student Information: (Please type or print legibly)

Name:		DOB:	
E-mail			
Address			
City:	State:	Zip:	
Home Phone:		Cell Phone:	
Parent/Guardian Name			
Parent/Guardian Phone Number:			
Parent/Guardian is a member of Delta Sigma Theta Sorority, Inc.: Yes No <i>If you circled YES, STOP HERE; You are ineligible for the scholarship</i>			

To be completed by High School Guidance Counselor:

High School:	
Guidance Counselor Name:	Signature:
GPA (Unweighted/Weighted):	
Free or Reduced Lunch: Yes No	
SAT (Total Score):	ACT (Total Score):

The information provided in my application packet is, to the best of my knowledge, complete and accurate. I understand that any false statements in this application may disqualify me from consideration of the scholarship award(s). I also understand and agree that any and all information submitted as part of this application packet will become property of the Jacksonville Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated and will be kept confidential. By signing below, I agree to accept the decision of the scholarship committee.

Applicant Signature:	Date:
Parent Signature:	Date:

Applications must be postmarked by **March 27, 2016**. Incomplete Applications and those postmarked after **March 27, 2016** will NOT be considered by the scholarship committee.



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DEPENDENT ACKNOWLEDGEMENT WAIVER

I, (print parent/guardian name) _____ the parent/guardian of applicant (print applicant's name) _____ acknowledge that she/he is my dependent and that she/he is **NOT** a dependent of a member of Delta Sigma Theta Sorority, Inc. (locally, nationally, or at-large).

I understand that dependents of members of Delta Sigma Theta Sorority, Inc. are **ineligible** to participate in the scholarship and cannot receive scholarship funds. If it is determined that (print applicant's name) _____ is a dependent of a member of Delta Sigma Theta Sorority, Inc., any scholarship funds awarded and/or received will be forfeited and must be immediately returned in full to the Jacksonville Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

BY MY SIGNATURE, I AM INDICATING THAT I HAVE READ AND UNDERSTAND THE FOREGOING INFORMATION.

Signature of Participant

Date

Signature of Parent

Date



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MEDIA WAIVER

I, the parent/guardian of (print applicant's name) _____ consent to the release of photographs, videos, audio and other related recorded materials captured during the scholarship awards program. Such materials shall remain the sole property of the Jacksonville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and shall not be sold to any entity.

BY MY SIGNATURE, I AM INDICATING THAT I HAVE READ AND UNDERSTAND THE FOREGOING INFORMATION.

Signature of Participant

Date

Signature of Parent

Date



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Checklist:

- △ Completed, signed scholarship application
- △ Signed Dependent Acknowledgement Waiver
- △ Signed Media Waiver
- △ SAT and/or ACT documentation
- △ Documented Proof of Volunteer/Community Service Hours
- △ Official high school transcript
- △ Two (2) typed letters of recommendation
- △ Essay

*Please note that electronic signatures **will not** be accepted.

COMPLETED PACKET MUST BE RECEIVED OR POSTMARKED BY MARCH 27, 2016

Mail Completed Application Packet to:
Delta Sigma Theta Sorority, Inc.
Jacksonville Alumnae Chapter
ATTN: Scholarship Committee
P.O. Box 2435
Jacksonville, FL 32203