



## **DELTA SIGMA THETA SORORITY, INC.**

JACKSONVILLE ALUMNAE CHAPTER

P.O. BOX 2435

JACKSONVILLE, FL 32203

[www.dstjax.org](http://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.

The requirements for the scholarship, application, and media waiver are below.

**We wish you success as you continue your academic career!**

### **WINONA CARGILE ALEXANDER LEADERSHIP SCHOLARSHIP REQUIREMENTS:**

- △ Applicant must be an African-American female **or** male.
- △ Must have a minimum acceptable G.P.A. of 2.5 or higher on a 4.0 scale.
- △ Must demonstrate community involvement **and** leadership ability. Community involvement 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 have **two (2) typed letters of recommendation**: One (1) letter must be from a high school staff member, one (1) letter must be from a Community Service Organization in which you have performed community service. Both letters must attest to your leadership ability. 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 leadership achievements have prepared you for your future goals, why you should be a recipient of the Winona Cargile Alexander Scholarship, and a **detailed** description of the following points to substantiate your request :
  - △ The attributes that you possess that make you a leader;
  - △ Specific examples of your leadership ability;
  - △ Any special leadership awards and recognition;
  - △ Participation in extracurricular activities and community service (please include time spent and any leadership positions held);
- △ 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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**Winona Cargile Alexander Leadership Scholarship Application**

Student Information: (Please type or print legibly)

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

To be completed by High School Guidance Counselor:

<b>High School:</b>	
<b>Guidance Counselor Name:</b>	<b>Signature:</b>
<b>GPA (Unweighted/Weighted):</b>	
<b>SAT (Total Score):</b>	<b>ACT (Total Score):</b>

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.

<b>Applicant Signature:</b>	<b>Date:</b>
<b>Parent Signature:</b>	<b>Date:</b>

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.**

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**Signature of Participant**

**Date**

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**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.**

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**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