**DELTA SIGMA THETA SORORITY, INC.**

A Public Service Sorority

Bluefield Alumnae Chapter

P. O. Box 95

Bluefield, WV 24701

214-274-7354

**bac02071936@gmail.com**

**Application for Scholarship**

***Postmark Deadline Date April 1, 2024***

***A copy of your transcript and reference letters must accompany this application. (Application will NOT be considered if not included.)***

***Type or print in blue or black ink***

**PART I – PERSONAL DATA**

**Applicant Name**

 *Last First Middle*

Address

City State Zip Code

DOB Cell Phone #

Your Email Address

**Parent or Guardian Name**

 *Last First* *Spouse*

Address (If different than above)

  *Street* *City State Zip Code*

Parent Cell Phone# Parent Email Address

**PART II - EDUCATIONAL BACKGROUND**

High School(s) Attended:

Address

 *City State Zip Code*

Dates Attended Grade Point Average

**PART III – WORK EXPERIENCE – EXTRACURRICULAR ACTIVITIES**

*Indicate whether work experience was/is paid or volunteer*

**Employment Experience:**

Company Name

Employment Dates

Job Title

Company Name

Employment Dates

Job Title

List organizations and extracurricular activities in which you are involved, and any offices held.

**PART IV—COMMUNITY SERVICE**

What, if any, community service you have participated in?

**PART V – FAMILY STATUS**

Number of persons in your household: Adults\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your family be able to contribute to your education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for any other scholarships, loans or grant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please list all assistance applied for:

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

Do you currently or have you been awarded scholarship/grant? Yes No

If yes, from whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you currently have any financial obligations? (Car note, insurance, rent/mortgage, credit card payments, medical expenses etc.

Yes No

**ART VI – SCHOOL INFORMATION**

***A copy of college notification of acceptance must accompany this application. If acceptance has not been received by date of application, you must provide proof of college admittance before scholarship award is made. Applicants must plan to attend a two or four-year college/university.***

Name of college/university you plan to attend?

Address

City State Zip

What are the reasons for your choice?

What is your planned major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for admission? Yes No

What is the status of your application?

Pending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accepted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART VII – RECOMMENDATIONS**

Please submit recommendations from the following:

1. Member of High School staff.
2. Character recommendation: Minister, Civic Leader or professional person who can attest to your character.

Names and occupations of persons providing recommendations

 Name Occupation

(Letters of recommendation should be submitted on letterhead and include contact information for verification and should be specific to scholarship application).

**PART VIII – ESSAY**

Please submit an essay (minimum 350 words) on one of the following topics:

**1) Discuss an accomplishment or event (formal or informal) that marked your transition from childhood on the path to adulthood within your culture, community, or family. How did it change you?**

**2) What do you consider to be the single most important problem in society today? Why? How should it be solved or addressed?**

**3) How will you make a positive impact in the world and/or the community in which you live? Describe what your legacy will be and how you will “pay it forward” when you receive your degree.**

**4) How has the Global Pandemic affected your life? What do you believe its impact will be on the American Educational System?**

**CERTIFICATION:**

I hereby declare that all of the above statements are true. I have included with the application all the requested additional documents in sealed envelopes. I agree to accept the decision of the Scholarship Committee of the Bluefield Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. If granted an award, I acknowledge that receipt of this award is contingent upon my acceptance and proof of enrollment (copy of billing for payment of fees) at a college or university.

*Signature Date*

***Postmark Deadline Date April 1, 2024***

***A copy of your transcript, reference letters, and college acceptance letter (if received by application date) must accompany this application.***

***(Application will NOT be considered if transcript and reference letters are not included.)***

Mail your application to: Deirdre Guyton, Scholarship Committee Chair

Bluefield Alumnae Chapter - Delta Sigma Theta Sorority, Inc.

P. O. Box 95

Bluefield, WV 24701

You may also email your application and accompanying documents to:

[**bac02071936@gmail.com**](file:///C%3A%5CUsers%5Cdgiles%5CDocuments%5CDelta%20Sigma%20Theta%5CScholarship%5Cbac02071936%40gmail.com)