



**MONTGOMERY COUNTY (MD)
ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.**

2018

SCHOLARSHIP APPLICATION

DELTA SIGMA THETA SORORITY, INC.

Delta Sigma Theta Sorority, Inc. is an organization of college-educated women committed to the constructive development of its members and to public service with a primary focus on the Black community. Information about Delta Sigma Theta Sorority, Inc. may be found at www.deltasigmatheta.org. Information about the Montgomery County Alumnae Chapter (MCAC) can be found at www.mcacdst.org.

SCHOLARSHIP AWARDS

The Montgomery County Alumnae Chapter Scholarship Program was created to provide financial assistance to students who reside in Montgomery County, MD, and contribute their skills and talents towards the improvement of their community. The Scholarship Program currently has the following types of scholarships, which are explained below. On page 6, please indicate which of three scholarships you are applying for.

1. **County-Wide Scholarship**

The County-Wide Scholarship was established to provide financial awards for high school students who have excelled in their academics.

2. **MCAC Educational Program Scholarship**

The Montgomery County (Maryland) Alumnae Chapter (MCAC) Educational Program Scholarship was established to provide financial awards to high school students who have participated in the MCAC Educational Program for a minimum of two consecutive years.

3. **Career/Vocational/Technical Scholarship**

The Career/Vocational/Technical Scholarship was established to provide financial awards to students who want to advance their education/skill set by participating in a career/vocational/technical program. These programs are traditionally described as those that focus on specific vocational skills needed within certain occupations.

ELIGIBILITY REQUIREMENTS

Please note that you may apply for more than one scholarship type.

<u>MCAC Educational Program Scholarship</u>	<u>Career/Vocational Technical Scholarship</u>	<u>County-Wide Scholarship</u>
Resident of Montgomery County, Maryland	Resident of Montgomery County, Maryland	Resident of Montgomery County, Maryland
High School senior of a Montgomery County, MD school, graduating the academic year of which the scholarship is being announced	High School Diploma or a General Education Development (GED) Diploma	High School senior of a Montgomery County, MD school, graduating the academic year of which the scholarship is being announced
Apply for a two or four-year university or college as a full-time student	Apply for an accredited career/vocational/technical school as a full time student	Apply for a two or four-year college/university as a full-time student
Scholastic Average of a 2.0 G.P.A. on a 4.0 scale	Latest transcript of academic record with a minimum of a 2.0 G.P.A. on a 4.0 scale	Scholastic Average of a 2.5 G.P.A. on a 4.0 scale
Educational Program Participant for a minimum of two consecutive years, with MCAC		
Not be a parent, child or sibling of a member of the Montgomery County (MD) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.	Not be a parent, child or sibling of a member of the Montgomery County (MD) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.	Not be a parent, child or sibling of a member of the Montgomery County (MD) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

*APPLICATION PROCEDURE

To be considered for a scholarship, a completed application must be sent to the address listed below, postmarked by **March 23, 2018**. Applications and/or supplemental documents received after the postmarked date will not be considered. Your completed application must include the following:

1. Scholarship Application Form

Please note, your application must be complete, signed and dated, in ink.

2. Letters of Recommendation

- (a) A letter of recommendation to be completed and signed by a teacher or counselor at your school. The letter **must be on the school's letterhead** to include the length of time that the recommender has known the applicant and in what capacity. Please include comments regarding intellectual ability, maturity, motivation, interpersonal skills, and verbal and writing skills. Please include contact information of the recommender.

If applying for the MCAC Educational Program Scholarship, a reference letter must be completed by the Chair/or official leadership of the MCAC Educational Program in which you participated.

- (b) A letter from a community service provider or individual of the chosen career/vocational/technical school occupation and **must be on the respective organization's letterhead**, signed by an official. The letter must demonstrate active involvement to benefit the organization and/or community. Please do not list church activities common to all churches such as Sunday school teacher or singing in the choir. Those activities are self-serving involvement and do not meet public service criteria of Delta Sigma Theta Sorority, Inc.

3. An official high school transcript is required or an official General Education (GED) diploma should be mailed directly from your school to the address below, or mailed by you in an envelope sealed by a school official, with the official's signature or the school stamp across the sealed portion of the envelope.

4. Two separately labeled 300-500 word essays addressing the following topics:

1. Community Service Essay

- Explain your involvement in community service work.

2. Personal Essay

- **County-wide Scholarship Applicant:** Explain a personal experience that has had a significant Impact on your life.
- **MCAC Educational Program Scholarship Applicant:** Explain the impact of the MCAC Educational Program on your academics.
- **Career/Vocational/Technical Scholarship Applicant:** Explain your career goals and what has influenced your career path.

Please note, the essays must be typed and will be evaluated based on content, grammar, and presentation.

5. Color photograph (ex. wallet size senior picture)
 - Include your name on the back of your photograph.
 - Ensure that a signature has been provided in the **Photo Release** section of this application, for the use of the photograph.

Please note, the photo will be used for identification and if selected it will be featured in the scholarship program brochure.

6. Finalists must participate in an in-person interview to be given further consideration.

Please note, all information is considered confidential and is the property of the Montgomery County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

The Scholarship Committee will review all completed applications returned to the address listed below, if submitted by the postmark date identified in the application procedures. Applicants that are selected to continue in the selection process should expect to receive correspondence from the Montgomery County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. If there are any questions or concerns please contact the Scholarship Committee via email: scholarship@mcacdst.org or by phone: (240) 491-0275.

Delta Sigma Theta Sorority, Inc.
Montgomery County Alumnae Chapter
Attn: Theresa Smith, Chair
Scholarship Committee
P.O. Box 4236
Silver Spring, Maryland 20914-4236

This page must be supplied as the coversheet to your application.
Please complete all applicable information on this page.

PERSONAL INFORMATION (please print or type)

Name of Student (Last, First, Middle Initial)		Date of Birth
Permanent Address		
City	State	Zip Code
Home Telephone Number	Cell Phone Number	
E-Mail Address		
Name of Parent(s)/Guardian		

SCHOOL INFORMATION (please print or type)

_____	_____	_____
Name of High School	City/State	Zip Code
_____	_____	_____
School Counselor Name	Counselor Phone Number	
_____	_____	_____
Expected Graduation Date (MM/DD/YY)	Cumulative GPA	
_____	_____	_____
GED Graduation Date (MM/DD/YY)	Cumulative GPA	

SCHOLARSHIP SELECTION (please select one or more)

- County-Wide Scholarship**
- MCAC Educational Program Scholarship**
- Career/Vocational/Technical Scholarship**

COUNTY-WIDE/ MCAC EDUCATIONAL PROGRAM SCHOLARSHIP APPLICANTS
COLLEGE/UNIVERSITY

(List all Colleges/Universities to which you have applied. Place an asterisk next to those that have accepted you.)

University/College	University/College		
University/College	University/College		
Intended Major/Career Interest			
Have you applied for Financial Assistance? ___ Yes ___ No	If yes, list the sources of the financial assistance. Giving the name of the award/scholarship, source of the award, and amount		
	NAME OF AWARD/SCHOLARSHIP	SOURCE	AMOUNT
Have you been awarded financial assistance or scholarship? ___ Yes ___ No			

CAREER/VOCATIONAL/TECHNICAL SCHOLARSHIP APPLICANTS
CAREER/VOCATIONAL/TECHNICAL

(List all Career/Vocational/Technical Training Schools to which you have applied. Place an asterisk next to those that have accepted you.)

Career/Vocational/Technical School	Career/Vocational/Technical School		
Career/Vocational/Technical School	Career/Vocational/Technical School		
Indicate the Career/Vocational/Technical Interest/ Program Affiliation:			
Have you applied for Financial Assistance? ___ Yes ___ No	If yes, list the sources of the financial assistance. Giving the name of the award/scholarship, source of the award, and amount		
	NAME OF AWARD/SCHOLARSHIP	SOURCE	AMOUNT
Have you been awarded financial assistance or scholarship? ___ Yes ___ No			

A Checklist for you

Scholarship Application
Two or more Letters of Recommendation <i>(ensure you have supplied the letters of recommendations that fit the type of scholarship you are applying for)</i>
Two Essays (Community Service & Personal)
Transcripts
Recent Color Photograph (if selected as a recipient, you will be requested to send a soft copy as well)

PHOTO RELEASE

As the parent/guardian of the applicant, I give permission to the Montgomery County Alumnae Chapter of Delta Sigma Theta Sorority, Inc., to use photographs of my child/ward in their publications, internet website, and other promotions to educate the public and solicit support for their programs. I will hold harmless and indemnify them from any and all liability that may arise from the use of the photographs and for the purposes stated.

Parent/Guardian **Signature** | Date

Parent/Guardian **E-mail Address** | Date

***Please note, if a photo release is not provided, the recipient cannot be photographed in group pictures. The pictures can be published.**

CERTIFICATION

By the signature below, you affirm that all information you provide is true, complete (to the best of your knowledge) and that you are not the parent, child, or sibling of a member of the Montgomery County (MD) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Submission of inaccurate or incomplete information will result in disqualification or forfeiture of any award.

Applicant Signature | Date

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*LETTER OF RECOMMENDATION

(To be completed by a teacher, counselor, community service provider, and/or supervisor. When supplying a letter of reference this portion of the application should also be completed.)

INSTRUCTIONS: Please complete all sections of this form in its entirety. The letter of recommendation must be on the letterhead of the school and/or organization, and supplied with this form. Refer to the *Application Procedures* section of this document for additional information.

Name of Applicant (Last, First, Middle Initial)

Address

City

State

Zip Code

Home Telephone Number

Cell Phone Number

Do you recommend this applicant for the *Career/Vocational/Technical Scholarship* (please state the reason why for your answer)?

___ YES ___ NO ___ Not Applicable

*Please return this reference by the postmark date identified in the *Application Procedure* section.

Print Name and Title

Date

Signature

Thank you for assisting the Scholarship Committee in evaluating the above named applicant, who is applying for a scholarship from the Montgomery County (MD) Alumnae Chapter, Delta Sigma Theta Sorority, Inc. We appreciate your candid assessment of the applicant. Only the Scholarship Committee will see your comments.