

**Fort Pierce Alumnae Chapter
Delta Sigma Theta Sorority, Inc.**



Scholarship Application

Please mail the completed application and all required documents to:

**Fort Pierce Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Scholarship Committee
P.O. Box 1421
Fort Pierce Fl, 34954**

Application Deadline: Postmarked on or before March 31st of the current school year.

**Fort Pierce Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated**

Annual Scholarship Awards Program

Objectives: The awards are intended to provide recognition and financial support for qualified students in St. Lucie, Indian River, and Martin Counties who:

- Have a 2.75 or better GPA, un-weighted.
- Have a financial need.

Eligibility: Applicants must be classified as a senior and have met all state and district requirements to graduate in May/June of the current school year. All applicants must have the intent to attend an accredited postsecondary institution to receive the award.

Applications: Applications must be received by **March 31st** and must include the following:

- Completed, signed application form
- Essay of personal goals
- Two letters of recommendation
- Small color photo
- Most recent U.S. Federal Income Tax Return

Submission: Mail the completed application to:

Fort Pierce Alumnae Chapter of Delta Sigma Theta Sorority Scholarship Committee
P.O. Box 1421
Fort Pierce, Florida 34954

Award Amount: To be determined each year and ranges between \$500-\$1,000. The scholarship is nonrenewable.

Follow up: To receive the scholarship award, recipients must submit an official letter of acceptance and an official record of registration, with courses listed to the above address on or before **September 30th** during the first Fall semester.

The recipients of the scholarship in St. Lucie, Indian River, and Martin Counties will be announced at the recipient's high school Scholarship Awards Night.

Fort Pierce Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated

SCHOLARSHIP APPLICATION DATA

Name:			
Street Address:		City:	Zip Code:
Home Phone:		Cell Phone:	
Email Address:		Gender: (Circle One) Female Male	
Parent Names:		First Generation College Student: (Circle One) YES NO	
Are you: (Circle One) US Citizen US National US Permanent Resident			
Sibling Name	Age	Grade Level	Address if different from above...

POST SECONDARY DATA

NAME OF SCHOOL YOU PLAN TO ATTEND	APPLIED		ACCEPTED		
	YES	NO	WAITING DECISION	YES	NO
1ST CHOICE:					
2ND CHOICE:					
3RD CHOICE:					
FIELD OF STUDY YOU PLAN TO PURSUE:					

TRANSCRIPT DATA

CUMMULATIVE WEIGHTED GPA:		CUMMULATIVE UNWEIGHTED GPA:			
ACT COMPOSITE:		SAT VERBAL:		SAT MATH:	
WAITING FOR SCORES: (Circle One) YES NO		RETAKE ACT/SAT: (Circle One) YES NO			

FINANCIAL NEED STATEMENT

ESTIMATED COST PER YEAR OF COLLEGE	TUITION	ROOM/BOARD

DO YOU HAVE:

- FLORIDA PRE-PAID-TUITION ONLY?
- FLORIDA PRE-PAID-TUITION, ROOM AND BOARD?

FAMILY'S ANNUAL GROSS INCOME PER THE PRIOR YEAR (IRS 1040 TAX FORM)

(Subject to verification, the 1040 will be requested for some scholarships)

- UNDER \$20,000
- \$40,000-\$50,000
- \$70,000-\$90,000
- \$125,000-\$140,000
- \$20,000-\$30,000
- \$50,000-\$60,000
- \$90,000-\$110,000
- \$140,000-\$160,000
- \$30,000-\$40,000
- \$60,000-\$70,000
- \$110,000-\$125,000
- \$160,000-AND OVER

STUDENT WORK EXPERIENCE:

EMPLOYER	DATES	SCHOOL YR. HRS/WEEK	SUMMER HRS/WEEK	RESPONSIBILITIES

UNIQUE CIRCUMSTANCES

Are there any special *financial or personal* circumstances that need to be considered?

SCHOOL INVOLVEMENT

List all *school activities, clubs, and sports* that you were involved in. Estimate the hours per year and school years you spent within each activity, club, or sport. Please indicate special awards, honors or offices held.

COMMUNITY INVOLVEMENT

List all *community activities/ volunteer work for non-profit organizations* you have done, such as activities through church, non-school organizations, scouting, theatre, environmental groups, etc. Include total number hours and length of time for each organization. Please indicate special awards, honors, or offices held.

What do you feel is your most positive contribution to your high school or to one of your community activities? Explain.

Essay (What are Your Personal Goals (Not to exceed 250 words. Please use the space below)

CERTIFICATION AND SIGNATURE

Check List

- Completed Scholarship Application Form
- Personal Essay/Statement Goals
- Current Official School Transcript
- Letter of Recommendation #1
- Letter of Recommendation #2
- Graduation Photo (Senior Photo or Recent Professional Photo)
- Signatures (Student Signature & Date; Counselor Signature & Date; Parent/Guardian Signature & Date if under 18)

I certify that all information provided in this application, including all attachments, is true, accurate, and complete. I understand that any false or misleading information may result in disqualification.

Student Signature

Date

School Counselor Signature

Date

Parent/Guardian Signature
(If under 18)

Date