

**HALL COUNTY ALUMNAE CHAPTER**  
**Delta Sigma Theta Sorority, Incorporated**  
**Post Office Box 493, Gainesville, Georgia 30503**  
**[www.hallcountydst.org](http://www.hallcountydst.org) • [hallcountydst@gmail.com](mailto:hallcountydst@gmail.com)**



**TO:** 2019 Graduating High School Seniors  
**FROM:** Hall County Alumnae Chapter • Delta Sigma Theta Sorority, Inc.  
**DATE:** February 2019  
**SUBJECT:** 2019 College Scholarships

Delta Sigma Theta Sorority, Incorporated is a private, not-for-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. The Sorority was founded on January 13, 1913, by 22 collegiate women at Howard University in Washington, D.C. These students wanted to use their collective strength to promote academic excellence and to promote assistance to persons in need.

The Hall County Alumnae Chapter continues to support the focus of the Sorority by awarding a limited number of scholarships in the amount of \$500.00 each to graduating high school seniors who exemplify academic excellence, strong leadership, and community involvement.

The application must be received by Tuesday, April 2, 2019. The completed application with all required documents must be mailed to the address indicated on the application. We look forward to receiving your completed application packet. Best wishes for a successful future!

Sincerely,

*Lisa Williams*

Lisa Williams  
Chapter President

**HALL COUNTY ALUMNAE CHAPTER  
Delta Sigma Theta Sorority, Inc.  
SCHOLARSHIP AWARD**

**APPLICATION DEADLINE: April 2, 2019**

- Eligible applicants must be high school graduating seniors who are college bound and who reside in one of the following counties as a U.S citizen: Hall, Habersham, Lumpkin or White.
- Factors considered by the Scholarship Committee in evaluating applications include leadership, community involvement, academic achievement and financial need.
- **All application materials must be submitted in one packet and received on or before April 2, 2019.**
- **To be considered, applicants must submit a complete application package as follows:**
  - \_\_\_ 1) Application with signed Declaration, and Photo Release Form
  - \_\_\_ 2) Typed essay
  - \_\_\_ 3) Official high school transcript **with GPA** in a sealed envelope
  - \_\_\_ 4) Two Letters of Recommendation - one from a school official and one from a community leader. Letters must appear on official letterhead from the school and community service organization and must be mailed to the address below with an appropriate signature and date.
  - \_\_\_ 5) Copy of applicant's acceptance letter from the college admissions office
- **Note:** Applications received after the deadline date will not be evaluated. Opened transcripts will not be accepted, and application materials will not be returned.

**APPLICATIONS MUST BE MAILED TO:**

Hall County Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attention: Scholarship Committee  
Post Office Box 493  
Gainesville, GA 30503

**SCHOLARSHIP INTERVIEW**

Applicants who qualify will be contacted by the Scholarship Committee and informed of the interview date, time and location.

Please contact the Scholarship Committee at [scholarships.hcac@gmail.com](mailto:scholarships.hcac@gmail.com) if you should have any questions.

**I. PERSONAL DATA**

Name: \_\_\_\_\_  
Last First Middle

Residential Address: \_\_\_\_\_  
Number Street City, State Zip Code

Mailing Address: \_\_\_\_\_  
 (If different from above) Number Street City, State Zip Code

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

High School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number Street City, State Zip Code

Dates Attended: From: \_\_\_\_\_ to: \_\_\_\_\_ Current GPA: \_\_\_\_\_

**\*Must be 2.80 or above on a 4.0 Scale**

**II. ORGANIZATIONS, HONORS, and SPECIAL INTERESTS**

(Include all leadership activities, special programs, internships, etc. that you have been involved in.)

1. List the organizational memberships and offices you have held in your school.

Organizations	Office(s) Held and Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. List the organizational memberships and offices you have held in your community.

Organizations	Office(s) Held and Year
_____	_____

\_\_\_\_\_

\_\_\_\_\_

3. List any honors and awards and the year you received them.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List your special interests.

\_\_\_\_\_

\_\_\_\_\_

**III. ESSAY and POTENTIAL SCHOOLS OF CHOICE**

**1. ESSAY REQUIREMENTS AND INSTRUCTIONS**

- **Attach a doubled-spaced typed essay based on the essay question below. Include your name at the top of your document.**
- **Essay Question:** “If there was one thing you could change about your high school curriculum, what would it be, and how this change would have enhanced your educational experience?”

2. **POTENTIAL SCHOOLS OF CHOICE:** In order of preference, please list the names and addresses of the schools to which you have applied or will be attending for the period in which this financial assistance is requested.

	SCHOOL 1	SCHOOL 2	SCHOOL 3
SCHOOL NAME			
SCHOOL ADDRESS			
Status of Application	<input type="checkbox"/> Applied <input type="checkbox"/> Accepted	<input type="checkbox"/> Applied <input type="checkbox"/> Accepted	<input type="checkbox"/> Applied <input type="checkbox"/> Accepted

**A copy of your acceptance letter(s) must be included in your application packet.**

- IV. FINANCIAL NEED:** Please explain your financial need in the space below.  
(Are there any special circumstances that you would like for the committee to know?)

**V. LETTERS OF RECOMMENDATION INSTRUCTIONS:**

- 1. Please submit two (2) Letters of Recommendation. One letter must be from a School Official and one letter must be from a Community Leader (*minister or volunteer advisor*). Both letters must be from individuals who ARE NOT relatives. Letters must appear on official letterhead from the school and community service organization and must be addressed to:**

**Hall County Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attention: Scholarship Committee  
Post Office Box 493  
Gainesville, GA 30503**

\_\_\_ Letter of Recommendation from School Official must appear on official letterhead and include:

1. Length of time school official has known you and in what capacity
2. Scholastic achievements and leadership involvements that qualify you for this award

\_\_\_ Letter of Recommendation from a Community Leader must appear on official letterhead and include:

1. Length of time community leader has known you and in what capacity
2. Community service activities and involvement
3. Reference to your character

- 2. List the name and occupation of each reference.**

<u>Name</u>	<u>Occupation</u>
1. _____	_____
2. _____	_____

**DECLARATION**

**I hereby declare that all the information provided in this application is true. I have also included with this application the necessary essay, official high school transcript, letters of recommendation in sealed envelopes, and a college of choice acceptance letter. I am willing to appear for a personal interview and forward any additional information if necessary.**

Signed: \_\_\_\_\_ day of \_\_\_\_\_ 2019

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

**PHOTO RELEASE**

**If chosen as a scholarship recipient, I hereby grant permission to this chapter to use a photograph of me on its website and for news release.**

Signed: \_\_\_\_\_ day of \_\_\_\_\_ 2019

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian