

Williamsburg Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

2016 High School Scholarships and Book Awards

The Williamsburg Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, a public service organization is pleased to announce the availability of their annual scholarships and book awards to students for the 2016 academic year. There are three (3) \$1000 each memorial scholarships, (Dr. Elizabeth R. Morgan, Shirleen Judkins and Julia P. Boyce) and two (2) \$500 each book awards. The sorority seeks to provide financial assistance to deserving graduating high school students from York, Gloucester, Mathews, James City counties and the City of Williamsburg.

Eligibility: Applicant must be a graduating senior from York, Gloucester, Mathews, James City counties or the City of Williamsburg area high schools and meet the following eligibility requirements:

- a. Have 3.0 grade point average or above
- b. Plan to attend a two or four year institution of higher learning
- c. Demonstrate active involvement in school and community activities

How to Apply: The following items must be submitted:

1. **Completed Application**
2. **Official high school transcript**
3. **One page narrative describing your career goals**
4. **Two letters of recommendation - One **must** be submitted from a teacher or a counselor and the second from any person in your community.**
5. **A photo of the applicant—if selected, the photo may be used for publicity purposes.**

Deadline: All interested students are asked to apply as soon as possible. The deadline for receipt of completed application packet is **March 19, 2016**.

Mail packet to the following address:

Mary Ashby, Chair, Scholarship Committee
419 Quarterpath Rd
Williamsburg, Virginia 23185

Recipients will be notified in writing of their selection.



Award recipient will be recognized at an activity hosted by the Sorority.

If you have any questions concerning the scholarships, please feel free to contact the Scholarship Chairperson, Mary Ashby (301) 873-4408 (cell), 757-258-2503 (home) or email: msmarymclean@gmail.com (Please put DST Scholarship as part of the subject).



DELTA SIGMA THETA SORORITY, INC.,
WILLIAMSBURG ALUMNAE CHAPTER
Williamsburg, Virginia

SCHOLARSHIP AND BOOK AWARD APPLICATION FORM – 2016
Please type or print neatly all information in blue or black ink. Illegible forms will not be considered.

I. PERSONAL INFORMATION

Name _____

Age _____ Male _____ Female _____

Address _____

City _____ State _____ ZipCode _____

Phone Number _____ E-mail Address _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Guardian's Name _____ Occupation _____

Number of dependents in household _____

II. EDUCATIONAL INFORMATION

Name of High School _____

G.P.A. _____

School Address _____

Honors and Awards
Received _____

College/University Attending (or planning to attend)



III. ACTIVITIES (Please list any positions/offices that you have held)

School Organizations

Church/Community Affiliations

Hobbies/Recreational Activities

Which of your activities listed above has been the most rewarding and why.

IV. FINANCIAL INFORMATION

Please list the type(s) of financial aid you will be receiving, the amount (s) and whether the amounts are one-time awards or ongoing:

Financial aid Expected _____

Parental Contribution _____

College/University Contribution _____

Other Contributions

1. **Name of organization** _____

Amount \$ _____

2. **Name of organization** _____

Amount \$ _____



V. PLEASE PROVIDE THE FOLLOWING INFORMATION.

Student's statement: Describe your career goals in a one page narrative.

VI. CERTIFICATION

In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. Also, I understand all aspects of this application, including eligibility requirements and award amounts. Falsification of information will result in termination of any scholarship/award granted. This application becomes the sole property of Williamsburg Alumnae Chapter of Delta Sigma Theta Sorority Incorporated.

Signature of Applicant _____ Date_____

Signature of Parent/Guardian _____ Date_____

Signature of Guidance Counselor _____ Date_____