

**Anniston Alumnae Chapter of  
Delta Sigma Theta Sorority, Inc.**

*A Service Sorority*

**2022-2023  
College Scholarship Application**

**Applications must be postmarked no later than:**

**March 31, 2023**

**For additional information, contact:**

**Scholarship Committee**

**[scholarship.dst.aac@gmail.com](mailto:scholarship.dst.aac@gmail.com)**

## **Application Checklist\***

Before sealing your package,  
Please make sure all items listed below are included:

- Completed and signed scholarship application (signed by applicant and parent/guardian)
- Essay (1 1/2 page typed, narrative)
- Two typed letters of recommendations (**cannot be a relative**)
- Official High School Transcript (with numerical value, official signature and sealed in official envelope)
- Disclaimer for scholarship funds disbursement (signed by parent/guardian)

**\*Missing any of the above items will result in an incomplete package and will not be considered for an award.**

Delta Sigma Theta Sorority, Inc. is an international public service sorority that comprises over 250,000 predominately African-American women. Encouraging young men and women to achieve excellence through higher education is a primary focus of our organization. We support this focus by awarding scholarships to young people who exemplify academic excellence, strong leadership, and community involvement. We are asking all guidance counselors to distribute this scholarship packet to all applicants that meet the minimum criteria (You may make copies as needed). Scholarship applications must be postmarked no later than **March 31, 2023**. Notification of awards will be made by the end of April.

**Anniston Alumnae Chapter- Delta Sigma Theta Sorority, Inc.**

**Scholarship Application Form**

**This scholarship program is for graduating high school seniors only.**

**Incomplete applications will not be considered; however, the application may be copied.**

- Applicants must be graduating seniors who reside in and attend a public school in the service areas of Calhoun County, Cleburne County and St. Clair County. Applicants must attend an accredited post secondary institution (college, university) in pursuit of a degree. Scholarship Award must be claimed within one (1) year from date of award or it will be forfeited. **NO EXCEPTIONS.**
- Applicants must have at least a 3.0 cumulative grade point average on a 4.0 scale in order to qualify for a scholarship award. Applicants are required to submit an official high school transcript with a numerical value and official signature by the guidance counselor and submitted in an official sealed envelope.
- Applicants are required to submit two typed letters of recommendation in a sealed envelope.
- Applicants are required to submit a typed one (1) page narrative essay explaining why they are deserving of a scholarship and how the scholarship will assist them in achieving their goals.
- Applicants are required to submit the Photograph, Media, and Video Release Form.

The essay is an important part of the selection process. Essay must be double-spaced, 12 font sizes, Times New Roman font, 1 1/2 pages maximum, one inch margin on all sides, name typed in the upper right hand corner of the page.

In reviewing the essays, the judges will consider the following criteria in selecting winners:

- Creativity
- Correct use of grammar and punctuation
- Originality and quality of ideas presented
- Neatness
- Ability to adhere to presented topic(s)

**Anniston Alumnae Chapter- Delta Sigma Theta Sorority, Inc.**

**Scholarship Application Form**

**Student Profile:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian Address (if different from above) \_\_\_\_\_

Parent/Guardian Address (if different from above) \_\_\_\_\_

**Academic Profile:**

High School Attending \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Cumulative Grade Point Average (on a 4.0 scale) \_\_\_\_\_ Class Rank \_\_\_\_\_

**Scholastic Achievements**

**Extra-Curricular Activities (e.g., academic, church, community, sports):**

\_\_\_\_\_

\_\_\_\_\_

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**Collegiate Goals**

**What course of study do you plan to pursue?**

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**Employment**

Are you currently employed?     YES    NO

If yes, Employer

Name \_\_\_\_\_

Position \_\_\_\_\_

Date of Hire \_\_\_\_\_    Average hours work per week \_\_\_\_\_

**References-List two (cannot be a relative)**

(1) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_    How do you know the applicant \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ How do you know the applicant \_\_\_\_\_

**All information provided in this package is correct to the best of my knowledge.**

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

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

\_\_\_\_\_  
Date

**Anniston Alumnae Chapter- Delta Sigma Theta Sorority, Inc.  
Scholarship Application Form**

**SCHOLARSHIP APPLICATION DISCLAIMER**

**AGREEMENT FOR DISBURSEMENT OF SCHOLARSHIP FUNDS**

I, \_\_\_\_\_ (Parent/Guardian) acknowledge and understand that the scholarship awards received by the winners will only be disbursed in a lump sum payment directly to the scholarship recipients.

**Scholarship Award must be claimed within 1 year from date of award, or it will be forfeited. No EXCEPTIONS.**

The Anniston Alumnae Chapter of Delta Sigma Theta Sorority, Inc. will forward these funds to scholarship recipients upon receipt of an Official Enrollment Verification Form.

I recognize and accept these conditions for the disbursement of any scholarship award my child may receive.

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

\_\_\_\_\_  
Date

Anniston Alumnae Chapter-Delta Sigma Theta Sorority, Inc.

Scholarship Application Form

P.O. Box 1872

Anniston, AL. 36202

**Anniston Alumnae Chapter- Delta Sigma Theta Sorority, Inc.**

**Scholarship Application Form**

### **INSTRUCTIONS TO BE GIVEN TO REFERENCES**

**Please have your references submit a typed letter of recommendation for you. These letters should be addressed to Delta Sigma Theta Sorority, Inc. Anniston Alumnae Chapter and include the following:**

- **Name and address of reference**
- **Relationship to applicant (what capacity do you know the applicant (**cannot be a relative**))**
- **How long reference has known applicant**
- **Information regarding why applicant should receive the scholarship award**
- **Any known leadership abilities/capabilities**

**The letter should be placed in a sealed envelope before returning to the applicant. Failure to include all required information listed above will result in an incomplete packet and result in the applicant receiving a lower score or making the application incomplete, thereby ineligible.**

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Scholarship Application Form

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Scholarship Application Form

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Anniston, AL. 36202

APPENDIX B2

**PHOTOGRAPH, MEDIA, AND VIDEO AUTHORIZATION RELEASE FORM**

I/We, \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_, give permission for \_\_\_\_\_ Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images (“Images”) taken of my child during participation in \_\_\_\_\_ Youth Initiative Program activities, without payment or any consideration and without notifying me in advance.

I/We also give permission for the Chapter to highlight my child’s achievements and activities in efforts to promote the youth initiative program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorized the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the \_\_\_\_\_ Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/we hereby certify that I/we are the parents/guardians of \_\_\_\_\_, authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name