

New Haven Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated 2020 Scholarship Application



Delta Sigma Theta Sorority, Inc. is an organization of college-educated women committed to constructive development of its members and to public service with a primary focus on the African American community. More information about the organization can be found at www.deltasigmatheta.org.

SCHOLARSHIP AWARDS

The New Haven Alumnae Chapter has awarded over \$400,000 in scholarships since the chapter was chartered in 1959. The chapter provides scholarships to graduating African American high school seniors who have excelled academically. More information about the chapter can be found at www.nhacdst.org.

ELIGIBILITY

To be considered for a scholarship, the applicant must:

- Live in the New Haven Alumnae Chapter service area (**Ansonia, Bethany, Branford, Derby, East Haven, Guilford, Hamden Madison, Meriden, Milford, New Haven, North Branford, North Haven, Orange, Seymour, Wallingford, West Haven or Woodbridge**)
- Have a scholastic average of at least 2.75 on a 4.0 scale.
- Plans to enter a two-year or four-year university/college or a vocational post-secondary program as a full-time freshman in the Fall of 2021.
- Cannot be the daughter/son or granddaughter/son of a member of Delta Sigma Theta Sorority, Inc.

APPLICATION PROCEDURE

The applicant must electronically submit a completed application to scholarship@nhacdst.org by Friday, December 18, 2020.

The completed application packet **must** include all of the following:

- Scholarship Application (Must be typed)
- Two (2) letters of recommendation completed by either a teacher, counselor, or administrator at your school with their contact information. Letters must include length of time known applicant; in what capacity; additional comments regarding intellectual ability, motivation, interpersonal skills, verbal and writing skills.
- Photograph (ex. wallet size) and attached photograph release form signed by parent or guardian.
- An attachment listing your community service activities (must include dates of involvement)
- An attachment of extracurricular activities and work experience (must include dates of involvement)
- SAT or ACT Scores

SCHOOL COUNSELOR

School Counselor must submit the student's official high school transcript to address below.

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Tiffany Wynn, Chair Scholarship Committee
Delta Sigma Theta Sorority, Inc.
New Haven Alumnae Chapter
PO BOX 9477
New Haven, CT 06534

If you have any questions, please contact Chair Tiffany Wynn and/or Co Chair Stacey Hobson at scholarship@nhacdst.org

PERSONAL INFORMATION

Students' Name (Last, First, Middle Initial)	DOB	
Permanent Address		
City	State	Zip Code
Home Telephone	Mobile Telephone	
Email Address	Name of Parent(s)/Guardian	

SCHOOL INFORMATION

Name of High School City/State:
School Counselor's Name School Counselor's Telephone:
Cumulative GPA Expected Graduation Date (mm/dd/yyyy):

COLLEGE APPLICATIONS

List the Universities/Colleges or Vocational Post-Secondary programs to which you have applied or been accepted to below:

1. _____
2. _____
3. _____
4. _____

PERSONAL ESSAY

Write an essay addressing the following topic:

“What do you consider to be the most pressing societal problem we face today? Why? If you had the authority to positively change your community, what specific changes would you make?”

Essay must not exceed two double-spaced typed pages and will be evaluated based on content, grammar, and presentation. Font size 12

CERTIFICATION

By the signature below, I affirm that all information I provide is true and complete to the best of my knowledge. Misrepresentation or the submission of inaccurate or incomplete information will result in my disqualification or forfeiture of any award.

Applicant Signature:	Date:
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New Haven Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

PHOTOGRAPH, MEDIA AND VIDEO AUTHORIZATION RELEASE FORM

I/We, ("Parent/Guardian"), as parent(s) or legal guardian(s) of , give permission for New Haven Alumnae 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 scholarship award activities, and 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 scholarship award activities and programs, including Delta Academy & GEMS and Jabberwock Youth Initiative Programs 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: _____