



**Leesburg Alumnae Chapter of  
Delta Sigma Theta Sorority, Inc.  
“A Public Service Sorority”  
P.O. Box 491856  
Leesburg, Florida 34749-1856**



February 1, 2019

Dear School Principal and Guidance Counselor:

The Leesburg Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated is offering scholarships to deserving students who meet the criteria. Please make additional copies and distribute the attached applications to minority students who are interested in applying for the scholarship. The criteria for selection are included in the packet.

The scholarship amount is **\$1,000.00** and will be awarded to students in both Lake & Sumter Counties. If you have any questions regarding the application, please don't hesitate to contact me. We're also requesting all high schools to include this information on your school's website. My phone number is (352) 348-7955. Your help in encouraging deserving students to apply for this scholarship is appreciated.

All applications must be submitted by **Tuesday, April 2, 2019**. Applications should be sent to:

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

**Mrs. Lucressie McGriff**

**DST Scholarship Committee Chair**

**P.O. Box 491856**

**Leesburg, Fl 34749-1856**

Thanks,

*Mrs. Lucressie McGriff*

*Carol Spikes, President*



# Leesburg Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

*“A Public Service Sorority”*

*P.O. Box 491856*

*Leesburg, Florida 34749-1856*

*Carol Spikes, President*



**APPLICATIONS MUST BE RECEIVED BY Tuesday, April 2, 2019**

**Scholarship Criteria:**

1. Applicant **MUST** have a sincere interest in attending a post-secondary institution.
2. Applicant must be a graduating, minority senior from a school in either Lake or Sumter County.
3. Applicant must submit one letter of recommendation (teacher, guidance counselor or community leader).
4. Applicant’s grade point average must be “2.5” or above.
5. Applicant must submit an official copy of his/her High School transcript.

**Instructions:**

1. Fill out the application accurately and complete all items.
2. Mail the completed application, along with all other requested items to:

Leesburg Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Attn: Mrs. Lucressie McGriff

P.O. Box 491856 ~ Leesburg, Florida 34749-1856

Applicant’s Full Name \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_\_ Applicant’s High School \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) /Guardian (s) \_\_\_\_\_

Occupation (s) \_\_\_\_\_

Number of brothers/sisters \_\_\_\_\_ Number in school \_\_\_\_\_

**Section I: Financial Need**

Guardian’s yearly income: Check one

- |                           |                           |
|---------------------------|---------------------------|
| • _____ Under \$15,000    | * _____ \$31,000-\$40,000 |
| • _____ \$15,000-\$20,000 | * _____ \$41,000-\$50,000 |
| • _____ \$21,000-\$30,000 | * _____ Above \$50,000    |

What scholarships or loans are you now the recipient of?

\_\_\_\_\_

What scholarships or loans do you anticipate receiving?

\_\_\_\_\_

**Section II: Scholarship**

Applicant's Prospective Major

Academic Grade Point Average (grades 9-12) \_\_\_\_\_ Weighted/Unweighted \_\_\_\_\_

Current G.P.A. \_\_\_\_\_ SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_

Number of students in graduating Class \_\_\_\_\_ Class Rank \_\_\_\_\_

Guidance Counselor's Signature (*required*)

Guidance Counselor's Printed Name:

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**Section III: Extra Curricular Activities /Community Involvement**

Please indicate any organizations, athletics, clubs, church activities, etc. you are affiliated with. (*use a separate sheet if necessary*)

**Section IV:** Please provide a brief description of your educational goals or objectives.

**Section V:** On a separate sheet, please submit a one page typewritten essay, describing your career plans, educational goals and why you need the scholarship. Tell us also about your family.

*From what college(s) have you received letters of acceptance?*

**Section VI:**

I \_\_\_\_\_, certify that the information provided on this application is true and accurate.

Student's Signature \_\_\_\_\_ (required)

Parent/Guardian's Signature \_\_\_\_\_ (required)

Date: \_\_\_\_\_

**Note: Recipients will receive \$1,000.00.**