

**DELAWARE STATE UNIVERSITY  
KENT COUNTY ALUMNI CHAPTER  
SCHOLARSHIP APPLICATION**

Completed application, transcript, essay and recommendation letters must be received on or before **April 1<sup>st</sup>**. **Application will be considered incomplete if all the requested information is not received.**

**Kent County Alumni Chapter  
Attention: Scholarship Committee  
P.O. Box 1143  
Dover, Delaware 19903  
dsuaakcc@yahoo.com**

**ELIGIBILITY**

1. Resident of Kent County;
2. Verified admittance to full-time study at Delaware State University; 3. Undergraduate, first-year students only.

**AWARD**

The successful applicant will receive a \$1000.00 scholarship from the Kent County Chapter to be awarded in two (2) equal payments of \$500.00. The first payment will be credited to the student's account at the beginning of the fall semester and the second payment will be awarded provided the student meets the requirements listed in the section below.

**REQUIREMENTS**

The applicant must:

1. Submit a current copy of High School transcript reflecting GPA of 2.00 or better.
2. Submit two (2) letters of recommendation, **one of which MUST be from a Delaware State alumnus (a) who is not a family member and who maintains paid membership in the Kent County Chapter. The second letter CANNOT be from a family member.**
3. **Must maintain a 2.00 or better GPA to receive award for spring semester.**
4. **Personal Interview may be required.**

DELAWARE STATE UNIVERSITY  
KENT COUNTY CHAPTER  
SCHOLARSHIP APPLICATION INFORMATION FORM

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**GENERAL INFORMATION**

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR REVIEW BY THE  
SCHOLARSHIP COMMITTEE. PRINT IN INK OR TYPE YOUR RESPONSE.

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APPLICANTS NAME

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STREET ADDRESS

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CITY

ZIP

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TELEPHONE NUMBER

CELL NUMBER

E-MAIL ADDRESS

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NAME OF PARENT OR GUARDIAN

---

NAME OF HIGH SCHOOL

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ADDRESS

CITY

ZIP

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NAME OF GUIDANCE COUNSELOR

DATE OF GRADUATION

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CUMULATIVE AVERAGE

MAJOR SUBJECT

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**ACTIVITIES**

What clubs/organizations do you participate in at school/community/church?

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**HONORS/AWARDS**

List any academic honors or awards you have received.

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**INTERESTS**

What are your special interests and hobbies?

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ARE YOU RECEIVING ANY OTHER FINANCIAL AID (Scholarships, Pell, Grants, SEOG, and ect.)

\_\_\_\_\_ Yes, If yes Amount \$\_\_\_\_\_ \_\_\_\_\_ No

HOW MANY CHILDREN IN YOUR FAMILY ARE ATTENDING COLLEGE/UNIVRSITY? \_\_\_\_

**SIGNATURE**

By signing this application, I am giving the committee my permission to verify any information necessary to make this award. The information I have provided on this application is accurate and my own work.

\_\_\_\_\_  
Applicant's Signature Date

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OFFICAL USE ONLY: Do not write below this line.

Scholarship Amount Awarded \$\_\_\_\_\_ Previous Applicant

\_\_\_ Approved Date of 1<sup>st</sup> payment\_\_\_\_\_ \_\_\_ Yes

\_\_\_ Disapproved Date of 2<sup>nd</sup>. Payment\_\_\_\_\_ \_\_\_ Yes

The Kent County Chapter does not discriminate because of race, creed, national or ethnic origin, sex or disability

