



## 2021 Rebecca Louise Robinson Scholarship Application

Delta Sigma Theta Sorority, Inc.

Flint Alumnae Chapter

Dear Applicant:

The Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is committed to helping young people succeed academically. This includes ensuring that students have access to the financial resources they need to obtain a college education. Scholarships are available to high school students attending a public, private, or parochial high school in Genesee County and Holly in Northern Oakland County. College, university or vocational institution students are also eligible to apply.

To be eligible to receive an award, recipients must have a grade point average of at least 2.5 (based on a 4.0 scale) and enroll in a full-time program at an accredited college, university, or an institution of equivalent accreditation during the 2021-2022 academic years. Verification of enrollment must be provided. Award recipients will be notified in April.

### Scholarship Application Checklist

Use this checklist to make sure that you have submitted all the required materials to receive consideration for the scholarship. Incomplete applications will **not** be considered.

Your application **must** include the following documents:

- ☐ A completed application form (**all sections must be completed**)
- ☐ A parent/guardian's signature (required twice on page 4) (**signed with pen and ink**)
- ☐ Your signature at the end of the application (**signed with pen and ink**)
- ☐ **HIGH SCHOOL APPLICANTS ONLY:** An official high school transcript (sealed envelope). ACT or SAT score must also be provided by counselor with their signature, if not on transcript. **Must be mailed to PO Box.**
- ☐ **COLLEGE APPLICANTS ONLY:** An official college/university/vocational institution transcript (sealed envelope). **Must be mailed to PO Box or submitted directly to [facscholarshipchair@gmail.com](mailto:facscholarshipchair@gmail.com).**
- ☐ Two (2) letters of recommendation (i.e. teacher, professor, counselor, principal, minister, employer, volunteer coordinator, community leader; family members excluded). All letters must be on letterhead to be accepted. **Letter writers must submit letters directly to [facscholarshipchair@gmail.com](mailto:facscholarshipchair@gmail.com).**
- ☐ A one - page essay highlighting your community service, leadership activities, college goals and career goals.
- ☐ A Photography Release form signed by your parent/guardian (see page 4). (**signed with pen and ink**)

### Submit Completed Application to:

Attention: Scholarship Committee

Delta Sigma Theta Sorority, Inc.

Flint Alumnae Chapter

P. O. Box 13198

Flint, MI 48501

*Access the official application online at [www.flintdeltas.org](http://www.flintdeltas.org)*

**Mailed Applications must be postmarked by March 1, 2021.**

**Emailed Applications must be received by 11:59 pm on March 1, 2021: [facscholarshipchair@gmail.com](mailto:facscholarshipchair@gmail.com)**



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**Directions:** Provide all information requested below.

### I. Applicant Information

|                                |   |             |   |        |
|--------------------------------|---|-------------|---|--------|
| First Name                     |   | Middle Name | Last Name   | Gender |
| Street Address                 |   |             |   |        |
| City                           |   | State       | Zip   |        |
| Home Phone                     | Cell Phone  |             | Email Address   |        |
| Date of Birth (Month/Day/Year) | Are you a US citizen?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |             | Are you a registered voter?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |        |

### II. Parent/Guardian Information

|   |  |                   |       |     |
|---|--|-------------------|-------|-----|
| Name of Mother / Guardian(s)                          |  |                   |       |     |
| Mother/Guardian Address (if different from applicant) |  | City              | State | Zip |
| Mother's Occupation                                   |  | Mother's Employer |       |     |
| Name of Father / Guardian                             |  |                   |       |     |
| Father/Guardian Address (if different from applicant) |  | City              | State | Zip |
| Father's Occupation                                   |  | Father's Employer |       |     |

### III. High School Applicant Section Only

|                       |                |                              |
|-----------------------|----------------|------------------------------|
| High School           |                |                              |
| High School Attending |                | Graduation Date (mm/dd/yyyy) |
| Class Rank            | Cumulative GPA | ACT / SAT Score              |

### College/University and Major

|                               |                               |
|-------------------------------|-------------------------------|
| Preferred College/University  | Location (City, State)        |
| Intended Major/Field of Study | Intended Minor/Field of Study |

### IV. College Applicant Section Only

|  |                               |
|--|-------------------------------|
| College Attending                        | Location (City, State)        |
| Classification (Sophomore, Junior, etc.) | Cumulative GPA                |
| Declared Major/Field of Study            | Declared Minor/Field of Study |
| Anticipated graduation date (mm/yyyy)    | Degree to be conferred        |



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### V. Financial Need

Check the box below that best describes your family's combined gross income. Income should include employment, SSI, FIA, alimony, child support, disability, etc.

☐ \$0 - \$29,999      ☐ \$30,000 - \$74,999      ☐ \$75,000 or more

Dependent children in family (including self)

Number of dependent children currently attending a college/university

### VI. Financial Awards and Scholarships

Have you applied for any other scholarships or grants? Yes ☐ No ☐ If so, please list the organization(s) and amount.

| Scholarship, Loan, Grant, or Award Applied For | Amount |
|--|--------|
| 1.   |        |
| 2.   |        |
| 3.   |        |
| 4.   |        |
| 5.   |        |
| 6.   |        |
| Total Amount of Awards Received                |        |

**NOTE: Application materials may be mailed or emailed. Letters of recommendation must be emailed directly from the letter writer to [facscholarshipchair@gmail.com](mailto:facscholarshipchair@gmail.com). Transcripts must be mailed to the PO Box listed below.**

**Mailed applications materials must be postmarked by March 1, 2021.**

**Attention: Scholarship Committee**

**Delta Sigma Theta Sorority, Inc.**

**Flint Alumnae Chapter**

**P. O. Box 13198**

**Flint, MI 48501**

**Emailed application materials must be received by 11:59pm on March 1, 2021.**

**[facscholarshipchair@gmail.com](mailto:facscholarshipchair@gmail.com)**

**Hand delivered and late applications will not be accepted.**



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I hereby certify that all the information provided in this application is accurate and current. I understand this application packet will be kept confidential, and all materials submitted become the final property of the Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

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**Signature of Applicant**

**(signed with pen and ink)**

**Date**

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**Signature of Applicant's Parent or Guardian**

**(signed with pen and ink)**

**Date**

### Photography Release Form

I understand that a recipient of the Rebecca Louise Robinson Scholarship from Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. may be photographed and therefore, a release must be signed to complete this application. **Please check one and sign below.**

☐ As parent/guardian of \_\_\_\_\_, I give permission for Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (the "Chapter") to use a photograph(s) of my child for publication (i.e. on the chapter's website, newsletter or other media) associated with the Rebecca Louise Robinson Scholarship. I hereby irrevocably authorize the Chapter to use these photographs for the purpose of publicizing the Chapter's programs.

☐ As parent/guardian of \_\_\_\_\_, I do not wish for the Chapter to use a photograph(s) of my child for publication.

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**Signature of Applicant's Parent or Guardian**

**(signed with pen and ink)**

**Date**