

Delta Sigma Theta Sorority, Incorporated
Jacksonville (NC) Alumnae Chapter
PO Box 31
Jacksonville, NC 28541-0031
Website: jaxncdst.org

Delta Sigma Theta Sorority, Incorporated Jacksonville (NC) Alumnae Chapter is a service-based sorority that has been actively serving the Jacksonville, NC community for 36 years. We offer scholarships to high school seniors who have excelled academically and plan to pursue a college degree. Two selected candidates will receive a \$1000.00 scholarship based upon academic achievement, character, community service activities, and extracurricular activities.

All application packages received by the deadline will be screened and evaluated by the Scholarship Committee.

APPLICATION REQUIREMENTS: To be screened, all sections of the application **MUST** be completed. Omission of any section will disqualify the application for consideration. A complete application **MUST** include:

1. Completed application form with *signed* certification
2. Official high school transcript (sealed)
3. Two (2) **sealed** letters of recommendation with signature across the seal. One (1) letter must be from a current or former teacher. Sealed Letters with signature across the seal should be returned to the candidate for submission.
4. Wallet sized photograph (will not be returned)
5. Essay – Must be 500-1000 words typed

In addition, all requested application information should be **TYPED** or **PRINTED in black ink**.

APPLICATION INFORMATION: To apply for the scholarship, please complete and return the attached package by the deadline indicated below. If you need additional information, please send an email to: education.jaxncdst@gmail.com.

APPLICATION DEADLINE: A completed application package **MUST be postmarked by U. S. mail on or before April 4, 2025**. Any information received after that date will not be accepted and your application will be considered invalid.

Mail completed application package to:

Delta Sigma Theta Sorority, Incorporated
Jacksonville (NC) Alumnae Chapter
ATTN: Scholarship Committee
PO Box 31
Jacksonville NC 28541

2024-2025 ACADEMIC SCHOLARSHIP APPLICATION

NAME:

Last	First	Middle
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DATE OF BIRTH: _____ AGE: _____

GENDER: ☐ MALE ☐ FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBERS: _____ (H) _____ (C)

EMAIL ADDRESS: _____

PARENT(S)/GUARDIAN: _____

SECTION I:

High School: _____

Future College/University: _____

State: _____ Projected Major: _____

SECTION II: (*To be completed by High School Counselor*)

High School Unweighted GPA (Computed on a 4.0 scale): _____

Class Rank: _____ Class Number: _____

SAT Score: _____ ACT Score (Composite): _____

Signature of Counselor

Printed Name of Counselor

SECTION III: EXTRACURRICULAR ACTIVITIES

List all extracurricular school activities and any honors and awards received during the last four (4) years. Be sure to indicate all offices held.

9th Grade: _____

10th Grade: _____

11th Grade: _____

12th Grade: _____

SECTION IV: COMMUNITY ACTIVITIES

List any church or community activities in which you were/are involved.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SECTION V: LETTERS OF RECOMMENDATION

Two (2) sealed letters of recommendation with signature across the seal MUST accompany this application. The letters should attest to your character, accomplishments, and community involvement. One (1) of the letters MUST be from a current or former teacher.

SECTION VI: ESSAY (500-1000 words typed, double-spaced)

Two important founding principles of Delta Sigma Theta Sorority, Inc., are service and leadership. Write an essay explaining how you have demonstrated one or both of these principles in your life. Please include examples of personal evidence on how your life was impacted and how the experience has benefited you and/or others.

SECTION VII: HIGH SCHOOL TRANSCRIPT

Please be sure to include a sealed copy of your high school transcript.

SECTION VIII: PHOTO

Please include a wallet-sized photo, preferably a senior class photo (head and shoulders).

SECTION IX: VERIFICATION

All information is subject to verification.

SECTION X: APPLICANT STATEMENT

I affirm to the best of my knowledge that the information provided in this application is true and complete. Please use black ink.

Signed this _____ day of _____, 202____.
(Date) (Month) (Year)

APPLICANT NAME (PRINTED)

APPLICANT SIGNATURE

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

MAIL COMPLETED APPLICATION TO:

Delta Sigma Theta Sorority, Incorporated
Jacksonville (NC) Alumnae Chapter
ATTN: Scholarship Committee
PO Box 31
Jacksonville NC 28541

SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED by MAY 2025.