



ACCOMACK-NORTHAMPTON ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
P.O. BOX 192 ONLEY, VA 23418



EUNICE FISHER MORRIS SCHOLARSHIP

The Accomack-Northampton Alumnae Chapter of Delta Sigma Theta Sorority Inc. is accepting applications for the Eunice Fisher Morris Scholarship from students attending Accomack and Northampton Counties Public Schools.

PURPOSE: The purpose of the scholarship is to provide a minimum of \$250.00 and a maximum of \$500.00 in financial assistance to outstanding high school students in Accomack and Northampton Counties attending an accredited institution of higher education during the 2022/2023 school year.

ELIGIBILITY REQUIREMENTS: To apply for the Eunice Morris Fisher Scholarship the applicant must:

- Be a graduating senior of a public high school in Accomack or Northampton County during the award year.
- Be accepted as a full-time college student (12 semester hours or more) in the fall term of the acceptance year.
- Have a grade-point average of 2.5 or better on a 4.0 grading scale.
- Submit a one page (Times New Roman 12) typewritten double spaced essay on the topic:
“How would you use your Career Skills after graduation to provide services to your community?”
- Submit a high school transcript with school seal showing applicant’s grades through the first semester of the senior year as part of the application package.
- Provide documentation that you are an active participant in extra curricula activities in school and community.
- Submit two letters of reference.

APPLICATION SUBMISSION:

Application must be sent to:

ACCOMACK-NORTHAMPTON ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY INC.

P. O. BOX 192
ONLEY, VA 23418
ATTN: Devin Allen

Application must be POSTMARKED no later than April 14, 2023 in order to be considered.



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Directions: Complete fully and submit the application package (application, essay and related documents) by April 14, 2023.

Application packages postmarked after the above date will not be accepted.

Section I

Name:

Last

First

Middle

Mailing Address:

Route, Street, or P.O. Box

City

Zip Code

Phone:

Parent(s)/Guardian(s) Name: _____

Date of Birth: _____

Gender:

M

F

Name of High School: _____

College/University you plan to attend: _____

Planned Major _____

Section II

GPA (9th-12th): _____

Class Rank # _____

out of _____

Is the most recent official transcript (with school seal) attached?

Yes

No

Are the two letters of recommendation attached?

Yes

No

Section III

Summary of financial need: _____



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Section IV

“How would you use your Career Skills after graduation to provide services to your community?”

Submit a one page (Times New Roman 12) typewritten double spaced essay on the topic:

School and Community Activities/Awards/Leadership Positions: (Check off each grade level to indicate time period of participation)	9th	10th	11th	12th
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activities/Awards (Applicant may attach additional pages if necessary)

The information provided in this application package is true and accurate to the best of my knowledge.

Student Signature

Date

Parent/Guardian Signature (if student is under 18)

Date