

2019

GAMMA PHI DELTA SORORITY, INC. DELTA ALPHA GRADUATE CHAPTER 2019 HIGHER EDUCATION SCHOLARSHIP



GAMMA PHI DELTA SORORITY, INC.
SCHOLARSHIP COMMITTEE
P.O. BOX 24341
JACKSON, MS 39225-4341

GAMMA PHI DELTA SORORITY, INC. 2019 HIGHER EDUCATION SCHOLARSHIP AWARD

ELIGIBILITY REQUIREMENTS

- 1. Applicant must have a **2.4 2.9 GPA** and must show satisfactory academic progress or potential.
- 2. Applicant must be a graduating senior and have been accepted into a school of higher education for the following semester/quarter.
- 3. Applicant must submit a passport style photo with application. By submitting a photo, the student agrees that the photo may be used for publication if an award is granted. Photo is not returnable.
- 4. Applicant must submit an *official high school transcript and a copy of the college/university letter of acceptance with application.*
- 5. Applicant must submit a one-two page typewritten essay in 12 font Times New Romans on the following: Describe areas in your life where you demonstrated leadership and overcame obstacles either through your school, social, or family life.
- 6. Applicant must submit a resume of honors, awards, leadership roles, and community service.
- 7. Application must be completed in its entirety in black ink or typewritten with required information and signatures.
- 8. Applications must be postmarked no later than March 18, 2019.

AWARD RECIPIENTS

- 1. Recipient must enroll in a college or university on a full-time basis during the Summer or Fall 2019 academic year, or the award will be forfeited for non-enrollment.
- 2. Recipient must use award to pursue a course of study leading to a degree from any accredited college or university.
- 3. Award may be used for tuition, fees, room, board, books, or school supplies.

GAMMA PHI DELTA SORORITY, INC. 2019 HIGHER EDUCATION SCHOLARSHIP APPLICATION

		ATTACH PHOTO HERE
NAME		
NAME_ LAST FIRST M	IIDDLE	
DATE OF BIRTHS	S#	
ADDRESSSTREET		
STREET	CITY	STATE ZIP
HOME NUMBER ()	ALTERNATE NU	JMBER ()
HIGH SCHOOL	ADDRESS	
PRINCIPAL	COUNSELO	PR
GRADUATION DATE (ATTACH AN OFFICIAL COPY OF HIC	GRADE POINT AVERAGI GH SCHOOL TRANSCRIPT)	E RANK IN CLASS
ACT SCORE	AND/OR SAT SCO	RE
COLLEGE/UNIVERSITY ACCEPTED		CCEPTANCE LETTER)
DATE YOU PLAN TO ENTER	WILL YOU LIVE ON CA	AMPUSAT HOME?
I have read, understand and agree to a further certify that all information fur		
APPLICANT'S SIGNATURE		DATE
PARENT'S/GHARDIAN'S SIGNATUR	F	DATE

GAMMA PHI DELTA SORORITY, INC. 2019 HIGHER EDUCATION SCHOLARSHIP

GUIDELINE/INFORMATION SHEET

Please read each item before completing the application.

- 1. Application must be completed in black ink or typewritten.
- 2. Application must be postmarked no later than **March 18, 2019**.
- 3. Application must be completed in its entirety with required signatures.
- 4. The award is open to any student in the Greater Jackson Metro Area meeting all requirements.
- 5. Applicant must be a graduating senior and have been accepted into a school of higher education for the following summer or fall semester or quarter.
- 6. An official high school transcript and a copy of the college/university letter of acceptance must accompany application.
- 7. Applicant must submit a one-two page typewritten essay in 12 font Times New Romans on the specified topic.
- 8. Applicant must submit a resume of honors, awards, leadership roles, and community service.
- 9. Applicant must submit a passport style photo with application. By submitting a photo, the applicant agrees that the photo may be used for publication if an award is granted. Photo is not returnable.
- 10. Award must be used to pursue a course of study leading to a degree from any accredited College or University.
- 11. A student receiving an award who fails to enroll in school the following summer or fall semester or quarter will forfeit the award.
- 12. Award may be used for tuition, fees, room, board, books, or school supplies.
- 13. Mail application to Gamma Phi Delta Sorority, Inc., Scholarship Committee, P.O. Box 24341, Jackson, MS 39225-4341.