

HARFORD COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
SCHOLARSHIP APPLICATION 2025

THE HARFORD COUNTY ALUMNAE CHAPTER (HCAC) OF DELTA SIGMA THETA SORORITY, INC. IS OFFERING ITS ANNUAL SCHOLARSHIP AWARDS TO 2025 GRADUATING SENIORS FROM HARFORD AND CECIL COUNTIES BECAUSE WE HAVE A SINCERE INTEREST IN THE FUTURE ACADEMIC ENDEAVORS OF OUR YOUTH. THESE SCHOLARSHIP AWARDS ARE \$1,000 NON-RENEWABLE GRANTS.

WE ENCOURAGE QUALIFIED STUDENTS TO APPLY FOR THIS ONE-TIME OPPORTUNITY BY SUBMITTING THE FOLLOWING INFORMATION, AND IF INVITED, PARTICIPATING IN THE INTERVIEW:

- A COMPLETED SCHOLARSHIP APPLICATION
- A COPY OF THE ACCEPTANCE LETTER FROM THE COLLEGE OR UNIVERSITY THE APPLICANT PLANS TO ATTEND
- AN ****OFFICIAL**** TRANSCRIPT
- THE DATA REQUESTED IN PART II
- THE COMPOSITION, 150 – 250 WORDS, AS DESCRIBED IN PART II
- THE ESSAY(S) AND LETTER(S) OF RECOMMENDATION AS DESCRIBED IN PART III
- HIGH SCHOOL COUNSELOR’S REPORT ON PAGE 5, WITH OFFICIAL SEAL
- PHOTO (OPTIONAL); AND
- INTERVIEW FOR FINALISTS WILL BE SCHEDULED FOLLOWING APPLICATION RECEIPT

APPLICATIONS MAY BE OBTAINED FROM EACH HIGH SCHOOL COUNSELOR IN HARFORD AND CECIL COUNTIES, ON YOUR SCHOOL’S SCHOLARSHIP PORTAL, AND/OR DOWNLOADED FROM THE HCAC WEBSITE: WWW.DSTHCACMD.ORG

EACH APPLICANT MUST SUBMIT ALL INFORMATION TO BE POSTMARKED BY **SATURDAY, MARCH 14, 2025** MAILED TO THE FOLLOWING ADDRESS:

HARFORD COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
C/O SCHOLARSHIP COMMITTEE
P.O. Box 315
ABERDEEN, MD 21001

ALL QUESTIONS SHOULD BE DIRECTED TO:
SCHOLARSHIP@DSTHCACMD.ORG

SINCERELY,

Carla Walton

CHAPTER PRESIDENT

Joy Guthrie and Glenda Jackson

CO-CHAIRS, SCHOLARSHIP COMMITTEE

HARFORD COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
SCHOLARSHIP APPLICATION 2025

PLEASE TYPE OR PRINT (USE BLUE OR BLACK INK ONLY)

PART I – ALL INFORMATION IN THIS SECTION RELATES TO THE STUDENT APPLICANT

NAME: _____ GENDER: F M
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

HOME PHONE: (____) ____ - ____ BEST PHONE: (____) ____ - ____ GPA: _____

NAME OF HIGH SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PART II – PROVIDE THE FOLLOWING DATA ON A SEPARATE SHEET AND SPECIFY EACH YEAR OF PARTICIPATION AND POSITIONS OR OFFICES HELD:

1. LIST ALL SCHOOL RELATED EXTRACURRICULAR ACTIVITIES THAT YOU HAVE PARTICIPATED IN DURING THE PAST FOUR (4) YEARS. INDICATE LEADERSHIP POSITIONS, IF APPLICABLE.
2. LIST ANY ACADEMIC AWARDS/HONORS YOU HAVE RECEIVED DURING THE PAST FOUR (4) YEARS.
3. LIST ALL COMMUNITY RELATED ACTIVITIES FOR WHICH YOU HAVE BEEN AN ACTIVE PARTICIPANT. INDICATE LEADERSHIP POSITIONS, IF APPLICABLE.
4. IN A WELL WRITTEN COMPOSITION OF 150-250 WORDS, EXPLAIN YOUR CAREER GOAL(S) AND EDUCATIONAL PLAN TO PURSUE YOUR GOAL(S).

PART III – SCHOLARSHIP DESCRIPTIONS AND ELIGIBILITY CRITERIA

WE WILL AWARD FOUR TYPES OF SCHOLARSHIPS AND IT IS POSSIBLE FOR MORE THAN ONE STUDENT TO RECEIVE THE SAME TYPE. A STUDENT MAY APPLY FOR ONE OR MORE AS APPROPRIATE, BY SUBMITTING THE REQUIRED DOCUMENTATION. HOWEVER, ONLY ONE SCHOLARSHIP WILL BE AWARDED TO EACH STUDENT. PLEASE SEE PAGES 3 AND 4 FOR THE LIST OF SCHOLARSHIPS.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE HEREIN AND ON ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. SUBMISSION OF FALSE INFORMATION WILL RESULT IN DISQUALIFICATION. **INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED.**

PRINT YOUR NAME: _____

SIGNATURE: _____ DATE: ____/____/____
YOUR PEN AND INK SIGNATURE (NO DIGITAL SIGNATURES)

HARFORD COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
SCHOLARSHIP APPLICATION 2025

LIST OF SCHOLARSHIPS

PLEASE CHECK THE BOX OF THE SCHOLARSHIP(S) FOR WHICH YOU ARE APPLYING

PUBLIC SERVICE SCHOLARSHIP

- AWARDED TO A STUDENT WHO HAS A PASSION FOR COMMUNITY SERVICE
- PUBLIC SERVICE IS A VOLUNTEER EFFORT THAT PROVIDES A SERVICE TO THOSE IN NEED AND HAS LASTING POSITIVE IMPACT ON THE COMMUNITY AT LARGE
- ONE YEAR OF CONSISTENT COMMUNITY SERVICE IN THE LAST 18 MONTHS (IF AN APPLICANT HAS WORKED WITH AN ORGANIZATION FOR LESS THAN A YEAR, MULTIPLE LETTERS FROM OTHER ORGANIZATIONS CAN BE PROVIDED TO PROVE CONSISTENT SERVICE FOR AT LEAST ONE YEAR). EX: VOLUNTEER AT A SOUP KITCHEN, ORGANIZED A BLOOD DRIVE, ETC.
- LETTER OF RECOMMENDATION FROM ONE OR MORE OF THE SERVICE ORGANIZATIONS WITH WHICH THEY HAVE WORKED, WHICH INCLUDES THE AMOUNT OF TIME THE STUDENT HAS SERVED. LETTER MUST BE ON ORGANIZATION'S LETTERHEAD, AND SIGNED WITH PEN/INK
- PROVIDE AN ESSAY SUMMARIZING THE IMPACT OF YOUR COMMUNITY SERVICE EFFORTS, IN NO MORE THAN 250 WORDS
- NO GPA THRESHOLD

ACADEMIC SCHOLARSHIP

- AWARDED TO A STUDENT WITH HIGH ACADEMIC ACHIEVEMENT
- MINIMUM 3.8 GPA ON A NON-WEIGHTED SCALE OR 4.3 GPA ON A WEIGHTED SCALE
- LETTER OF RECOMMENDATION THAT SPEAKS TO THE STUDENT'S ACADEMIC SUCCESS FROM THE SCHOOL COUNSELOR OR A TEACHER, AND SIGNED WITH PEN/INK
- PROVIDE AN ESSAY SUMMARIZING HOW YOU ACHIEVED ACADEMIC SUCCESS AND YOUR THOUGHTS ON HOW TO MOTIVATE OTHERS TO DO THE SAME, IN NO MORE THAN 250 WORDS

HBCU SCHOLARSHIP (HISTORICALLY BLACK COLLEGE OR UNIVERSITY)

- AWARDED TO A STUDENT WHO WILL ATTEND AND CONTINUE TO PURSUE AND EXEMPLIFY THE MISSION OF AN HBCU
- LETTER OF ACCEPTANCE FROM AN HBCU
- MINIMUM 3.0 GPA ON A NON-WEIGHTED SCALE OR 3.5 GPA ON A WEIGHTED SCALE
- LETTER OF RECOMMENDATION FROM A SCHOOL COUNSELOR OR TEACHER, AND SIGNED WITH PEN/INK
- PROVIDE AN ESSAY DESCRIBING A MINORITY FIGURE WHO HAS INSPIRED YOU TO ACHIEVE EXCELLENCE AND HOW THAT HAS IMPACTED YOUR LIFE, IN NO MORE THAN 250 WORDS

HARFORD COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
SCHOLARSHIP APPLICATION 2025

STEM SCHOLARSHIP (SCIENCE, TECHNOLOGY, ENGINEERING, MATH)

- AWARDED TO FEMALE APPLICANTS ONLY, WHO WILL PURSUE A STEM PATH OF STUDY
- TRANSCRIPT SHOULD SHOW A HIGHER NUMBER OF STEM-RELATED COURSES
- MINIMUM 3.0 GPA ON A NON-WEIGHTED SCALE OR 3.5 GPA ON A WEIGHTED SCALE
- LETTER OF RECOMMENDATION FROM A STEM TEACHER, AND SIGNED WITH PEN/INK
- PROVIDE AN ESSAY EXPLAINING WHAT HAS INSPIRED YOU TO PURSUE A STEM-RELATED AREA OF STUDY AND WHAT WOULD ENCOURAGE OTHER FEMALES TO TAKE THE SAME PATH, IN NO MORE THAN 250 WORDS



Harford County Alumnae Chapter

HARFORD COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
SCHOLARSHIP APPLICATION 2025
HIGH SCHOOL COUNSELOR REPORT
(PLEASE PRINT USING BLACK OR BLUE INK ONLY OR TYPE)

TO BE COMPLETED BY THE STUDENT:

THE APPLICANT SHOULD COMPLETE THE SECTION BELOW AND GIVE TO A SCHOOL COUNSELOR OR TEACHER FOR COMPLETION. OFFICIAL SCHOOL PERSONNEL MUST SIGN THIS FORM. THIS FORM MUST ACCOMPANY YOUR APPLICATION.

STUDENT'S NAME: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
NAME OF HIGH SCHOOL: _____
SCHOOL ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SIGNATURE OF STUDENT _____ DATE: ____/____/____
YOUR PEN AND INK SIGNATURE (NO DIGITAL SIGNATURES) _____

TO THE COUNSELOR OR TEACHER:

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO THE STUDENT TO INCLUDE WITH THE SCHOLARSHIP APPLICATION.

1. EVALUATE THE APPLICANT'S PERSONAL QUALIFICATIONS USING THE FOLLOWING KEY:

1-OUTSTANDING 2-AVERAGE 3-BELOW 4-NO BASIS FOR JUDGMENT

_____ DEPENDABILITY: RELIABILITY, PROMPTNESS, ATTENDANCE
_____ MATURITY: POISE, HANDLES VARIOUS SITUATIONS APPROPRIATELY
_____ BEHAVIOR: WELL MANNERED, RESPECTFUL, COOPERATIVE
_____ WORK HABITS: INDUSTRIOUS, TAKES INITIATIVE, SELF-RELIANT
_____ LEADERSHIP: POSITIVE INFLUENCE, MOTIVATES OTHERS
_____ CONFLICT RESOLUTION: SETTLES CONFLICT/DISPUTES USING APPROPRIATE METHODS IN LIEU OF PHYSICAL OR VERBAL AGGRESSION

Please place official school seal in this box.

2. COMMENTS:

IN YOUR OPINION, IF THE APPLICANT IS OUTSTANDING OR BELOW AVERAGE IN ANY FACTOR, PLEASE GIVE REASON FOR YOUR EVALUATION:

OFFICIAL SCHOOL PERSONNEL'S SIGNATURE: _____
YOUR PEN AND INK SIGNATURE (NO DIGITAL SIGNATURES)

TITLE: _____

OFFICE TELEPHONE #: () ____ - ____

DATE: ____/____/____