

**HALL COUNTY ALUMNAE CHAPTER  
HALL COUNTY ALUMNAE CHAPTER  
Delta Sigma Theta Sorority, Inc.  
SCHOLARSHIP AWARD**

**APPLICATION DEADLINE: May 1, 2022**

- Eligible applicants must be high school graduating seniors who are college bound and who reside in one of the following counties as a U.S citizen: Hall or Forsyth.
- Factors considered by the Scholarship Committee in evaluating applications include leadership, community involvement, academic achievement and financial need.
- **All application materials must be submitted as a packet (via email) and received on or before May 1, 2022.**
- **To be considered, applicants must submit a complete application package as follows:**
- \_\_\_ 1) Application with signed Declaration, and Photo Release Form
- \_\_\_ 2) Typed essay
- \_\_\_ 3) Official high school transcript **with GPA**
- \_\_\_ 4) One Letter of Recommendation - one from a school official. The letter must appear on official letterhead from the school with an appropriate signature and date. **Please have the school official email the letter to: [scholarships.hcadst@gmail.com](mailto:scholarships.hcadst@gmail.com) on or before May 1, 2022.**
- \_\_\_ 5) Copy of applicant's acceptance letter from the college admissions office.
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**Note: Applications received after the deadline date will not be evaluated.**

**APPLICATIONS MUST BE SUBMITTED VIA EMAIL TO:**

**email address: [scholarships.hcadst@gmail.com](mailto:scholarships.hcadst@gmail.com)**

Hall County Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attention: Scholarship Committee

**SCHOLARSHIP INTERVIEW**

Applicants who qualify will be contacted by the Scholarship Committee and informed of the virtual interview, date, and time.

Please contact the Scholarship Committee at [scholarships.hcadst@gmail.com](mailto:scholarships.hcadst@gmail.com) if you should have any questions.

**I. PERSONAL DATA**

Name: \_\_\_\_\_  
Last First Middle

Residential Address: \_\_\_\_\_  
Number Street City, State Zip Code

Mailing Address: \_\_\_\_\_  
(If different from above) Number Street City, State Zip Code

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

High School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number Street City, State Zip Code

Dates Attended: From: \_\_\_\_\_ to: \_\_\_\_\_ Current GPA: \_\_\_\_\_

**\*Must be** 2.80 or above on a 4.0 Scale

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**II. ORGANIZATIONS, HONORS, and SPECIAL INTERESTS**

(Include all leadership activities, special programs, internships, etc. that you have been involved in.)

1. List the organizational memberships and offices you have held in your school.

Organizations	Office(s) Held and Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. List the organizational memberships and offices you have held in your community.

Organizations	Office(s) Held and Year
_____	_____
_____	_____

3. List any honors and awards and the year you received them.


4. List your special interests.


**III. ESSAY and POTENTIAL SCHOOLS OF CHOICE**

**1. ESSAY REQUIREMENTS AND INSTRUCTIONS**

- Attach a doubled-spaced typed essay based on the essay question below. Include your name at the top of your document.
- **Essay Question:** "How have you contributed to your community?" Write an essay detailing the key components demonstrated, experienced, and implemented.

2. **POTENTIAL SCHOOLS OF CHOICE:** In order of preference, please list the names and addresses of the schools to which you have applied or will be attending for the period in which this financial assistance is requested.

	SCHOOL 1	SCHOOL 2	SCHOOL 3
SCHOOL NAME			
SCHOOL ADDRESS			
Status of Application	<input type="checkbox"/> Applied <input type="checkbox"/> Accepted	<input type="checkbox"/> Applied <input type="checkbox"/> Accepted	<input type="checkbox"/> Applied <input type="checkbox"/> Accepted

**A copy of your acceptance letter(s) must be included in your application packet submission. Please remember, all items must be submitted via email to: [scholarships.hcadst@gmail.com](mailto:scholarships.hcadst@gmail.com) by May 1, 2022.**

- IV. FINANCIAL NEED:** Please explain your financial need in the space below.  
(Are there any special circumstances that you would like for the committee to know?)

**V. LETTERS OF RECOMMENDATION INSTRUCTIONS:**

- 1. Please submit one (1) Letter of Recommendation. The letter must be from a School Official . The letter can not be from a relative. The letter must appear on official letterhead from the school and must be sent via email to:**

**email: [scholarships.hcac@gmail.com](mailto:scholarships.hcac@gmail.com)  
Hall County Alumnae Chapter Delta  
Sigma Theta Sorority, Inc. Attention:  
Scholarship Committee**

     Letter of Recommendation from the School Official must appear on an official letterhead and include:

1. Length of time school official has known you and in what capacity
2. Scholastic achievements and leadership involvements that qualify you for this award

- 2. List the name and occupation of each reference.**

<u>Name</u>	<u>Occupation</u>
1. _____	_____

**DECLARATION**

**I hereby declare that all the information provided in this application is true. I have also included with this application the necessary essay, official high school transcript, letter of recommendation, and a college of choice acceptance letter. I am willing to appear for a virtual interview and forward any additional information if necessary.**

Signed: \_\_\_\_\_ day of \_\_\_\_\_ 2021

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

**PHOTO RELEASE**

**If chosen as a scholarship recipient, I hereby grant permission to this chapter to use a photograph of me on its website and for news release.**

Signed: \_\_\_\_\_ day of \_\_\_\_\_ 2022

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian