Dear Applicant:

The Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is committed to helping young people succeed academically. This includes ensuring that students have access to the financial resources they need to obtain a college education. Scholarships are available to students attending a public, private, or parochial high school within the Flint/Genesee County area.

To be eligible to receive an award, recipients must have a grade point average of at least 2.5 (based on a 4.0 scale) and enroll in a full-time program at an accredited college, university, or an institution of equivalent accreditation during the 2016-2017 academic years. Verification of enrollment must be provided. Award recipients will be notified in April.

 Scholarship Application Checklist

Use this checklist to make sure that you have submitted all the required materials to receive consideration for the scholarship. Incomplete applications will **not** be considered.

Your application **must** include the following documents:

[ ]  A completed application form (**all sections must be completed**)

[ ]  A parent/guardian’s signature (required twice on page 4)

[ ]  Your signature at the end of the application

[ ]  An **official, signed** high school transcript (sealed envelope). **ACT score must also be provided by counselor with their signature, if not on transcript**.

[ ]  Two (2) letters of recommendation (i.e. teacher, counselor, minister, employer, volunteer coordinator, community leader; family members excluded). All letters must be on letterhead to be accepted.

[ ]  A one - page essay highlighting your community service, leadership activities, and college and career goals

[ ]  A Photography Release form signed by your parent/guardian (see page 4).

Submit Completed Application to:

Attention: Scholarship Committee

Delta Sigma Theta Sorority, Inc.

Flint Alumnae Chapter

P. O. Box 13198

Flint, MI 48501

***Access the official application also online at*** [***www.flintdeltas.com***](http://www.flintdeltas.com)

**All Applications must be *postmarked by March 1, 2016*.**

**Directions:** Provide all information requested below.

|  |
| --- |
| I. Applicant Information |
| First Name Middle Name Last Name                   |  Gender      |
| Street Address      |
| City      | State       |  Zip      |
| Home Phone      | Cell Phone       |  E-mail Address      |
|  Date of Birth (Month/Day/Year)      |  Place of Birth (City and State)      |
| High School |
| High School Attending      | Grade       | Overall GPA       |
| Address      | City       | State       |  Zip      |
| College/University and Major |
|  Preferred College/University      |  Location (City and State)      |
|  Intended Major/Field of Study      |  Intended Minor/Field of Study      |
| II. Parent/Guardian Information |
| Name of Mother/Guardian      |
| Mother/Guardian’s Address (if different from applicant’s)      | City       | State       |  Zip      |
| Mother’s Work Phone      | Mother’s Home/Cell Phone      |
| Mother’s Occupation      | Mother’s Employer      |
| Name of Father/Guardian       |
| Father/Guardian’s Address (if different from applicant’s)      | City       | State       |  Zip      |
| Father’s Work Phone      | Father’s Home/Cell Phone      |
| Father’s Occupation      | Father’s Employer      |

|  |
| --- |
| III. Financial Need  |
| Check the box below that best describes your family’s combined gross income. Income should include employment, SSI, FIA, alimony, child support, disability, etc. |
| [ ]  $0 - $14,999 [ ]  $15,000 - $29,999[ ]  $30,000 - $49,999 | [ ]  $50,000 - $74,999[ ]  $75,000 - $99,999[ ]  $100,000 or more |
| Number of Dependent Children in Family      | Number of Dependent Children Currently Attending a College/University      |
|  |
| IV. Colleges and Universities |
| Name of School to Which You Applied | City/State | Status of Application |
| 1.       |       |       |
| 2.       |       |       |
| 3.       |        |       |
| 4.       |       |       |
|  |  |  |
| V. Financial Awards and Scholarships |
| Scholarship, Loan, Grant, or Award Applied For | Source | Amount Awarded vs. Expected |
| 1.       |       |       |
| 2.       |       |       |
| 3.       |        |       |
| 4.       |       |       |
| 5.       |       |       |
| Total Amount Awarded (Received) |  |
| Total Amount Expected (Not Received) |  |

**All Applications must be *postmarked by March 1, 2016*.**

**Hand-delivered applications will not be accepted.**

I hereby certify that all the information provided in this application is accurate and current. I understand this application packet will be kept confidential, and all materials submitted become the final property of the Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

**­­­­­Signature of Applicant Date**

**­­­­­Signature of Applicant’s Parent or Guardian** **Date**

**Photography Release Form**

I understand that a recipient of the Rebecca Louise Robinson Scholarship from Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. may be photographed and therefore, a release must be signed to complete this application. **Please check one and sign below**.

[ ]  As parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give permission for Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (the “Chapter”) to use a photograph(s) of my child for publication (i.e. on the chapter’s website, newsletter or other media) associated with the Rebecca Louise Robinson Scholarship. I hereby irrevocably authorize the Chapter to use these photographs for the purpose of publicizing the Chapter’s programs.

[ ]  As parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I do not wish for the Chapter to use a photograph(s) of my child for publication.

**­­­­­Signature of Applicant’s Parent or Guardian** **Date**