

BALTIMORE COUNTY ALUMNAE CHAPTER DELTA SIGMA THETA SORORITY, INCORPORATED

SCHOLARSHIP GUIDELINES

APPLICATION DEADLINE DUE DATE APRIL 14, 2017

Baltimore County Alumnae Chapter (BCAC) of Delta Sigma Theta Sorority, Inc. will award a limited number of scholarships, based on the availability of public service funds, to academically meritorious students. The scholarships may range from \$500 - \$2,500 per academic year.

The **Leadership & Educational Achievement Development (L.E.A.D.) Scholarship** is to supplement expenses incurred while attending a HBCU for up to five (5) consecutive academic years.

The **Memorial Scholarship** is to supplement expenses incurred while attending a college or university for one academic year.

I. ELIGIBILITY REQUIREMENTS

For the **BCAC L.E.A.D.** scholarship:

- A. Complete and submit the BCAC Scholarship Application in its entirety.
- B. Be accepted to a four-year Historically Black College or University (HBCU).
- C. Be a 2017 High School graduate.
- D. Reside in or attend a school in Baltimore County.
- E. Have and maintain a 2.75/4.0 GPA or its equivalent.
- F. Enroll and maintain continuous enrollment at a HBCU.
- G. Maintain criteria for scholarship renewal:
 - i. Minimum cumulative 2.75/4.0 GPA or its equivalent
 - ii. Proof of a full time course load during each semester
 - iii. Proof of registration for the next semester at an HBCU

For the **BCAC Memorial** scholarship:

- A. Complete and submit the BCAC Scholarship Application in its entirety.
- B. Be accepted to an accredited four-year college or university for one academic year.
- C. Be a 2017 High School graduate.
- D. Reside in or attend a school in Baltimore County.

II. APPLICATION PROCESS

- A. Complete and submit the **signed** Scholarship Application with the items listed below.
- B. An official copy of complete high school transcript in a **separate sealed envelope**
- C. A copy of applicant's SAT and/or ACT scores
- D. A letter(s) of acceptance from an accredited four-year college or university. (If applying for the L.E.A.D. scholarship, the acceptance letter must be from a HBCU).
- E. Submit three letters of recommendation **on official letterhead** in **separately sealed** envelopes, selected from the list of persons outlined on the application form and applicant checklist who have personally interacted with you through supervision, instruction, etc., and can vouch for your character and /or abilities.
- F. **Retain a copy of application for your records**

III. SELECTION OF RECIPIENTS & NOTICE OF AWARDS

Selections will be based on student's overall academic progress, extracurricular activities, leadership skills, and participation in community activities. Students will be notified by U.S. mail of any scholarship award or denial.

IV. REVOCATION OF AWARD

The Baltimore County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. reserves the right to cancel any scholarship awarded at any time if the applicant fails to meet the standards of academic progress, or any other scholarship requirements, or falsifies information reported.

(Keep for your records)

**BALTIMORE COUNTY ALUMNAE CHAPTER
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**SCHOLARSHIP APPLICATION DEADLINE: Must be postmarked by
April 14, 2017**

The application and essay may be downloaded and completed electronically. The application and all additional materials (three letters of recommendation, transcript, signature page and checklist) **must** be submitted as one packet **by mail to:**

**Baltimore County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Scholarship Committee
P.O. Box 240
Randallstown, Maryland 21133**

**For additional information on the Baltimore County Alumnae Chapter of
Delta Sigma Theta Sorority, Inc.**

Visit

<http://www.bcacdeltas.org>

The Baltimore County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, does not discriminate on the basis of race, color, age, gender, nationality, religion, or disability with respect to access, employment programs, or services.

**BALTIMORE COUNTY ALUMNAE CHAPTER
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SCHOLARSHIP APPLICATION (Signature required for processing)

Check One:

- L.E.A.D.
- Memorial

(Please print or type)

PERSONAL DATA: D.O.B. _____

NAME: _____
 LAST FIRST M.I.

HOME ADDRESS: _____
 NUMBER STREET

 CITY STATE ZIP

E-MAIL ADDRESS: _____

TELEPHONE: (_____) _____ ALTERNATE TELEPHONE: (_____) _____
 area code number area code number

GENDER: MALE
 FEMALE

PARENT(S) OR GUARDIAN(S):

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

EDUCATION:

High School _____

Location _____

Expected Date of Graduation: ____/____/____

Grade Point Average (GPA): _____

List the names of three (3) colleges or universities where you have applied in the order of preference. Indicate acceptance status.

College/University	Accepted (Yes or No)
1.	
2.	
3.	

*** If you are applying for the L.E.A.D. Scholarship, you must have been accepted at a Historically Black College or University (HBCU)**

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SCHOLARSHIP APPLICATION

NAME: _____

Questions: (Please attach any additional sheets as needed with your full name on them.)

Awards, Honors and SAT/ACT

What awards or recognitions have you received? Provide the name of the organization that granted the award or recognition.

Organization	Honor/Award
1.	
2.	
3.	

Please provide your SAT/ACT score and include documentation within your application packet

SAT (combined score): _____ **ACT (score):** _____

2. Please list any high school clubs, memberships, etc., including offices held:

Organization	Office
1.	
2.	
3.	

3. Please list any community and organizational memberships, etc., including offices held:

Organization	Office
1.	
2.	
3.	

Employment

Please list any job experience including title and basic responsibilities:

Company: _____	Job Title: _____
Contact Person: _____	Telephone No: _____
Responsibilities: _____	

Company: _____	Job Title: _____
Contact Person: _____	Telephone No: _____
Responsibilities: _____	

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SCHOLARSHIP APPLICATION

NAME: _____

Community Service

Please list any community service/volunteer work including title and basic responsibilities (use separate paper for additional listing):

Company/Organization: _____	Date of Service _____
Contact Person: _____	Telephone No: _____
Responsibilities: _____	

Company/Organization: _____	Date of Service _____
Contact Person: _____	Telephone No: _____
Responsibilities: _____	

ESSAY

Please submit a narrative containing at least 600 words discussing one of the topics below:

- Describe how the usage of social media has affected you and/or others around you in a positive and negative manner.
- Discuss a current event that has impacted your life or about which you feel passionate.
- Discuss what you believe to be the most serious issue facing minority youth. Indicate why it is the most important and provide suggestions or recommendations for addressing the issue.

LETTERS OF RECOMMENDATION:

ALL RECOMMENDATIONS SHOULD BE ON OFFICIAL LETTERHEAD

Submit **three** letters of recommendation written on **official letterhead** from individuals who have personally interacted with you through supervision, instruction or guidance. Each reference should be able to vouch for your character and/or your abilities/activities. Their contact information must be included for verification. The letters must be submitted in separate, individually sealed envelopes. Select your three references from the list below.

At least one recommendation must be from an academic official* (i.e. principal, teacher, advisor)

- ◆ H.S. Principal*
- ◆ H.S. Teacher*
- ◆ H.S. Guidance Counselor/Advisor*
- Community Service Organization Personnel
- Minister, Pastor or Church Leader
- Civic Leader (i.e. Politician, Government Official, etc.)
- Mentor or Employer
- Youth Club or Youth Group Leader
- Coach

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CERTIFICATION:

I hereby declare that all of the above statements are true. I have included with the application all the requested additional documents **in sealed envelopes**. I agree to accept the decision of the Scholarship and Standards Committee of the Baltimore County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. If granted an award, I acknowledge that receipt of this award is contingent upon my acceptance, enrollment and continuous enrollment at a college or university.

* Additionally, I acknowledge that if awarded the L.E.A.D. scholarship, enrollment must occur at a HBCU.

Failure to complete all parts of the application as directed will result in disqualification of the application process.



Signature

Date