



Macon Alumnae Chapter Delta Sigma Theta Sorority, Incorporated

2024 College Scholarship Application

Deadline: January 31, 2024

SCHOLARSHIP ELIGIBILITY REQUIREMENTS:

- **Must have academic eligibility in one of the 3 following categories**
 - **High school senior** graduating from a school within Jones, Macon-Bibb, Monroe, Twiggs or Wilkinson Counties
 - **GED recipient** whose permanent address is within Jones, Macon-Bibb, Monroe, Twiggs or Wilkinson Counties
 - **College student** attending an accredited post-secondary institution and whose permanent address is within Jones, Macon-Bibb, Monroe, Twiggs, or Wilkinson Counties

- **GPA of 2.75 or greater on a 4.0 scale**

*Children of Delta Sigma Theta Sorority members are not eligible to apply;
however, other relatives who are not immediate family of Sorority members may
apply. (Reference: 2016 Regional Conference/Chapter President)*

1. APPLICATION REQUIREMENTS (please follow steps):

- a. All applicants are required to submit **two signed and sealed letters of recommendation**. References can be a teacher, administrator, counselor, minister, employer, community leader, etc. Please note that one letter of reference **must** come from a teacher or administrator. See instructions to be given to references on page 4.
- b. All applicants are required to submit a completed, signed, typed, and dated application (place N/A where not applicable).
- c. All applicants are required to submit a typed essay; please see **SECTION IV** on page 7.
- d. Selected applicants are required to participate in a panel interview in March 2023. Photo identification will be required prior to the interview.
- e. Parent/Guardian is required to sign a Scholarship Funds Disbursement Disclaimer. **Please Note:** Awards are to be used for educational purposes only and funds will not be distributed until winners return the Student Enrollment Verification Form in Fall 2024. Funds will be disbursed in the name of the student and mailed to address on the scholarship application.

Online Application Available Here:

https://form.jotform.com/Delta_Scholarship/MACAlumnae



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2. Completed applications will be reviewed by the Scholarship Committee. The top applicants will be granted an interview by March 2024. All scholarship recipients will be notified by May 2024.
3. Scholarship funds **will not** be disbursed until Fall Semester 2024 when the Scholarship Committee has received all required documents via email or mail.
4. Scholarship awards must be claimed within 2 years from the date of award or will be forfeited.
5. The completed application, essay response, letters of recommendation and official transcript can be mailed together as one complete packet or all can be emailed. Please see instructions below. **The package must be postmarked or timestamped on or before Wednesday, January 31, 2023. (NO EXCEPTIONS)**

MAIL TO:

Macon Alumnae Chapter

Delta Sigma Theta Sorority Incorporated

ATTENTION: Scholarship Committee

P.O. Box 5041

Macon, Georgia 31208-5041

INSTRUCTIONS TO SUBMIT AN OFFICIAL TRANSCRIPT

- Applicants are required to submit an official high school transcript, which includes first semester grades of the senior or current school year. Contact the registrar at your high school and request that an electronic **official** transcript with signature or seal be sent to Macon Alumnae Chapter of Delta Sigma Theta Sorority via email at scholarship@dstmaconalumnae.org.
- Applicants who have a GED are required to obtain a transcript (official copy of GED scores) from the Georgia Department of Technical and Adult Education, Atlanta Georgia and submit via email. Request that an electronic **official** transcript with signature or seal be sent to Macon Alumnae Chapter of Delta Sigma Theta Sorority via email at scholarship@dstmaconalumnae.org.
- Applicants who are currently attending an accredited college, university, or post-secondary institution are required to submit an official transcript (including Fall 2024 semester grades). Applicants can visit the registrar via the online portal and request that an electronic **official** transcript be sent to Macon Alumnae Chapter of Delta Sigma Theta Sorority via email at scholarship@dstmaconalumnae.org.
- MAIL OPTION: Macon Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated
ATTENTION: Scholarship Committee, P.O. Box 5041, Macon, Georgia 31208-5041



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INSTRUCTIONS TO BE GIVEN TO REFERENCES

Please have your references submit a typed and signed letter of recommendation for you. These letters should include:

- Name and address of reference
- Relationship to applicant
- Length of time reference has known applicant
- Reason applicant should receive scholarship award
- Reference's signature

These letters should be mailed to the address below:

Macon Alumnae Chapter
Delta Sigma Theta Sorority Incorporated
ATTENTION: SCHOLARSHIP COMMITTEE
P.O. Box 5041
Macon, Georgia 31208-5041

All printed letters must be signed and enclosed in an envelope with your signature placed over the seal; alternatively, you may email your recommendation letter to scholarship@dstmaconalumnae.org, using the subject line *Scholarship 2024 (Applicant's Name)*. Teachers, professors, and school administrators opting to email letters must do so from their school email accounts.

If you have any additional questions, please email them immediately to scholarship@dstmaconalumnae.org.



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Application Checklist

Before sealing your package, please make sure all items listed below are included unless an alternative method is chosen. You do have the option to electronically submit all documents below via email at scholarship@dstmaconalumnae.org or use the online portal via https://form.jotform.com/Delta_Scholarship/MACAlumnae

- ▶ Scholarship Application Only (typed)
- ▶ Essay (typed)
- ▶ Two letters of recommendation appropriately emailed (per page 3)
- ▶ Official High School, GED, or College Transcript (emailed)
- ▶ Disclaimer for Scholarship Funds Disbursement (signed)
- ▶ All applicable signatures
- ▶ Incomplete packages will not be considered for an interview and will not be considered for an award
- ▶ The ability to apply does not guarantee a completed application. All additional items requested must be received

Macon Alumnae Chapter of Delta Sigma Theta Sorority cannot guarantee the disbursement date of funds to recipient. It is very likely that it will not be disbursed until after your tuition due date deadline. Be encouraged to pay your tuition to prevent any late fees.

If you have any additional questions, please email them immediately to
scholarship@dstmaconalumnae.org.

If preferred, the online application is available below:
https://form.jotform.com/Delta_Scholarship/MACAlumnae

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SECTION I: IDENTIFICATION

Student's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ County: _____

Zip Code: _____ Email: _____

Date of Birth: _____ Sex: _____ Telephone: _____

PARENT/GUARDIAN IDENTIFICATION

Parent/Guardian's Name:

First

M.I.

Last

Physical Address: _____

Employer: _____ Occupation: _____

Relation to Student: _____

Parent/Guardian's Name:

First

M.I.

Last

Physical Address: _____

Employer: _____ Occupation: _____

Relation to Student: _____



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SECTION II: SCHOLARSHIP INFORMATION

High School/College: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

College you plan to attend/attending: _____

City/State: _____ Anticipated Major: _____

SECTION III: EXTRA-CURRICULAR ACTIVITY (School/Non-School):

List all extra-curricular school, church, or civic activities

Activity	Description	Number of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER WORK AND COMMUNITY SERVICE

Organization	Description of Service	Number of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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HONORS AND AWARDS

Honor/Award	Description	Date Received

SECTION IV: REFERENCE SUBMISSION & ESSAY INSTRUCTIONS

Provide the name and professional email address of the two references who will submit a letter of recommendation on your behalf to the scholarship committee. It is your responsibility to inform the reference about how to submit a letter.

Reference #1 Name: _____

Reference #1 Email: _____

Reference #2 Name: _____

Reference #2 Email: _____

Please answer the question below as the prompt of your essay discussion and upload within the application below.

1. Identify the most pressing policy issue affecting our community. If you were a member of Congress, what measures would you take to address the issue? Additionally, what laws, if any, would you propose, and why?

Your essay must be:

- Double spaced
- 2 Full Pages
- 12 Point Times New Roman font
- One-inch margins on all sides
- Name typed in upper right-hand corner of **EACH** page
- You will be assessed on your ability to communicate your thoughts.



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SECTION V: SIGNATURES

I certify that information provided in this application is true, complete and accurate and that all statements and essay are my own work. A scholarship award from Macon Alumnae Chapter of Delta Sigma Theta Sorority, Inc. may be denied or revoked if any information contained herein is found to be inaccurate. Should I receive an award, I hereby give Macon Alumnae Chapter of Delta Sigma Theta Sorority, Inc. permission to utilize my name, photographs and award amount in publicity and/or marketing materials.

Applicant's Signature (**Do Not Print**)

Parent/Guardian's Signature

Date

SCHOLARSHIP APPLICATION DISCLAIMER

AGREEMENT FOR DISBURSEMENT OF SCHOLARSHIP FUNDS

I, _____(Parent/Guardian), acknowledge and understand that the scholarship awards received by the winners will only be disbursed in a lump sum payment directly to the scholarship recipient _____(Student's Name).

Student's Signature

Parent/Guardian's Signature

The Macon Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
will forward these funds to the recipient upon receipt of the ***Official Enrollment Verification Form*** and ***Request for Disbursement of Scholarship Funds Form***.

**The Enrollment Verification Form shall be notarized with the institution's
official seal and dated.**

I recognize and accept these conditions for the disbursement of any scholarship award that my son/daughter may receive.

Parent/Guardian's Signature

Date