

**Dothan Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P.O. Box 7112  
Dothan, AL 36302**  
Website: <http://www.dothanalumnaedst.org/>  
Email: [dacdst@gmail.com](mailto:dacdst@gmail.com)

## **2020 Scholarship Application**

**For Graduating High School Seniors  
Application Deadline: January 31, 2020**

### **Instructions:**

- 1. Download the Scholarship Application (PDF fillable form) from the website. Key-in information before printing or print a blank copy of the Form and neatly type in information. The maximum allowable number of characters and spaces per line is 76, TAB to the next line to continue typing (more than 76 characters and spaces per line causes the Font size to become smaller). Only the original Scholarship Application form from the website will be eligible. Complete the application form in its entirety, with written signatures (NOT printed), and attach a current photograph.**
- 2. Attach sealed Official High School Transcript (12<sup>th</sup> Grade) with School Seal & Official Signature; (See Guidance Office Form)**
- 3. You must submit an Essay with the application – 500 word minimum (Essay criteria listed below).**
- 4. Application Packet must have a U.S. Postal Service “Stamped” Postmark Date No-Later-Than January 31, 2020; NO exceptions.**
- 5. Late and/or incomplete Application Packets will NOT be considered.**
- 6. Students selected as scholarship recipients will be notified by May 1, 2020.**

**NOTE: Children of members of Dothan Alumnae Chapter, Delta Sigma Theta Sorority, Inc. are not eligible to apply for this Scholarship.**

### **Essay Criteria**

On separate sheets of paper, respond to one of the statements below in essay format-- **double-spaced, neatly typed, 500-word minimum word count** (less than 500 words will automatically be ineligible). List Essay **Word Count** on Application. Include Essay with Application.

### **Choose one:**

- Keeping It Real...Books, Ballots, and Bucks
- If Anyone Would Ever Write My Life's Story...
- Lessons in the Key of Life
- My Message and My Mission
- Eyes on The Prize...The Importance of a College Education

**Dothan Alumnae Chapter  
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2020 Scholarship Application  
Guidance Office Form**

**Student: Give this form to your Guidance Counselor**

Student Name: \_\_\_\_\_

**Guidance Office: Please Complete and Sign**

**Confirm YES/NO: If NO, return Application to student. Incomplete Applications will not be eligible.**

\_\_\_\_\_ 1. **\*Provide sealed Transcript (12<sup>th</sup> Grade) with School Seal and Official Signature**

\_\_\_\_\_ 2. Verify Cumulative GPA: \_\_\_\_\_

\_\_\_\_\_ 3. Verify ACT Score (or Student may attach **Student ACT Report**): \_\_\_\_\_

\_\_\_\_\_ 4. Verify Class Rank: \_\_\_\_\_

\_\_\_\_\_  
Guidance Counselor Signature

\_\_\_\_\_  
Date

**Counselor: \*Include this completed Form with the sealed Transcript**

The Application Form and all supporting documents must be postmarked by January 31, 2020.

## 2020 Scholarship Application

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent(s) or Guardian: \_\_\_\_\_

Name of High School (presently attending): \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Name of College/University you plan to attend upon graduation: \_\_\_\_\_

Intended Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Essay Word Count: \_\_\_\_\_

**NOTE: The maximum number of allowable characters and spaces per line below is 76, TAB to the next line to continue typing (more than 76 characters and spaces per line causes the Font size to become smaller).**

List your activities, honors, awards, services (athletics, debate, dramatics, music, publications, student government, etc.), and specify any leadership positions held:

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List your hobbies and extra-curricular activities in which you have participated:

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List your volunteer service to school, the community, and/or your church within the last two years:

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What would be the benefits of receiving the Delta Sigma Theta Sorority scholarship?

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- **I consent to participation in interviews, use of my name and photograph in print, on the Internet, and other forms of media for non-profit use (e.g. educational or public service purposes) by Dothan Alumnae Chapter, Delta Sigma theta Sorority, Inc.**
  
- **Include a current photograph.**

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

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:  
Dothan Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attn: Scholarship Committee  
P.O. Box 7112  
Dothan, AL 36302**