



# **Delta Sigma Theta Sorority, Inc.**

**Savannah Alumnae Chapter**

**ACADEMIC SCHOLARSHIP**

**EDNA B. JACKSON COMMUNITY SERVICE AWARD**

**DELTA G.E.M.S/EMBODI SCHOLARSHIP**



**Application Packet Deadline: February 26, 2021**

**(Please type or print in Black ink)**

# **Application Package Checklist**

## **Academic Scholarship Application**

1. Female
2. Completed application, signed and dated
3. School Counselor Form
4. GPA of 90 on a 100-point scale
5. Scholarship option is indicated on document
6. SAT or ACT Scores
7. Proof of admission to an accredited college/university
8. Demonstrates financial need
9. Current academic/biographical resume
10. Sealed letter of recommendation from a teacher, school counselor, or school administrator
11. Official Sealed Transcript
12. Essay (See Enclosed Sheet)
13. Formal Senior Picture (*head shot only*)

## **Community Service Application**

1. Female
2. Completed application, signed and dated
3. School Counselor Form
4. GPA of 90 on a 100-point scale
5. Scholarship option is indicated on application
6. SAT or ACT Scores
7. Proof of admission to an accredited college/university
8. Demonstrates financial need
9. Current academic/biographical resume
10. Sealed letter of recommendation from the organization(s) for which community service is provided
11. Official Sealed Transcript
12. Essay (See Enclosed Sheet)
13. Documented community service of 100 or greater hours—Must be on official stationery
14. Formal Senior Picture (*head shot only*)

## **Delta G.E.M.S/EMBODI Application**

1. GPA of 80 on a 100-point scale
2. Completed application, signed and dated
3. Scholarship option is indicated on document
4. Active Delta G.E.M.S / EMBODI participant
5. Essay (See Enclosed Sheet)
6. Proof of admission to an accredited college/university
7. Sealed letter of recommendation from a school official (i.e., principal, teacher, school counselor, etc.)
8. Sealed letter of recommendation from a Delta G.E.M.S volunteer.
9. Official High School Transcript
10. Formal Senior Picture (*head shot only*)

**Submit application items in the order as listed for the scholarship you are applying for.**

**Delta Sigma Theta Sorority, Inc., Savannah Alumnae Chapter**  
**Academic/Community/Delta G.E.M.S/Embodi Scholarship Application Form, 2021**

*All application packets must be postmarked by February 26, 2021.*  
*\*Relatives of members of Delta Sigma Theta Sorority, Inc. are not eligible to apply.*

**Date:**

**Applicant Name / Scholarship Option** (Academic, Community Service, Delta G.E.M.S or Embodi)

Name (First, Middle, Last)	*Indicate Scholarship Option
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Permanent Street Address
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Permanent City	Permanent State	Permanent Zip
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Home Phone	Cell Phone	Date of Birth (Month/Day/Year)
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Email Address
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School Currently Attending	Overall GPA	Expected Graduation Date
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**Parent/Guardian Information**

Name of Mother/Guardian
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Address (if different from applicant's)	City	State	Zip
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Work Phone	Home Phone	Cell Phone
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Email Address
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Name of Father/Guardian
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Address (if different from applicant's)
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Work Phone	Home Phone	Cell Phone
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Email Address
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**Honors and Awards** (academic, athletic, community, and/or school awards)

Award	Source of Award	Reason(s) for Award

**Extra-Curricular Activities** (school, religious, social groups)

Name of Group/Activity	Start (MM/YY)	End (MM/YY)	Position(s) Held

**Volunteer Experience**

Name of Organization	Start (MM/YY)	End (MM/YY)	Avg. Hours Per Week	Position(s) Held

**Work Experience**

Name of Employer	Start (MM/YY)	End (MM/YY)	Avg. Hours Per Week	Position(s) Held

**Higher Educational Plans**

Name of College/University	City/State	Status of Application

Household Income (check one)

- \$10,000 – 20,999   
  \$21,000 – 30,999   
  \$31,000 – 40,999   
  \$31,000 – 40,999   
  \$51,000 – 60,999  
 \$61,000 – 70,999   
  \$80,000 – above

List other scholarships you have applied for?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your future career plans:**

(use additional sheet if necessary)

**\*CERTIFICATION\***

The information provided in this form will be disclosed only to Delta Sigma Theta Sorority, Inc., Savannah Alumnae Chapter as required in determining your eligibility for an award. Information will be available only to qualified people who need to see it during their duties. Scholarship recipients agree to allow Savannah Alumnae Chapter, at its discretion, to advertise on its website.

Brochures, print and broadcasting media, photo of applicant on Savannah Alumnae Chapter social media, grant proposals, and other similar places that Savannah Alumnae Chapter has provided for the publication of a scholarship award may be used, if Savannah Alumnae Chapter does not disclose confidential information, including scholarship amount, application information, and financial information in such advertising.

I hereby certify that the information provided in this application is **true** and **correct** to the best of my knowledge and agree to the terms within. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

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**Signature of Applicant** **Date**

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**Signature of Parent/Legal Guardian** **Date**

## Letter of Recommendation Information

(Please provide the following information about the person writing your letter of recommendation)

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

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

Contact number: \_\_\_\_\_ Years known to applicant: \_\_\_\_\_

In what capacity does this person know you (i.e. teacher, school counselor, volunteer coordinator)?

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Your letter must come from a person who can speak to either your academic ability (if applying for the academic scholarship) or your community service (if applying for the community service scholarship).

A letter will be considered strong if it contains specific information about your strengths, skills and talents as an academic scholar or community volunteer.

The letter of recommendation may not be written by a family member.

The letter of recommendation must arrive on official letterhead.

The letter of recommendation must be presented in a sealed envelope that bears the letter writer's signature over the seal of the envelope. Forged letters will result in automatic disqualification.

The letter should be addressed to:

Delta Sigma Theta Sorority, Inc., Savannah Alumnae Chapter, Scholarship & Awards Committee

***(THIS FORM MUST ACCOMPANY YOUR APPLICATION)***

# **Delta Sigma Theta Sorority, Inc.**

## **Savannah Alumnae Chapter**

### **ESSAY TOPIC**

Please discuss the following prompt on a separate sheet(s) of paper. It must be computer generated, using Times New Roman font size 12. Your essay must be no less than 300 and no greater than 500 words, in a format of at least four paragraphs.

#### **ESSAY TOPIC:**

**Reflect on the impact of the COVID-19 Pandemic educationally, socially and your college goals going forward.**

**Delta Sigma Theta Sorority, Inc., Savannah Alumnae Chapter  
2021 Scholarship Application  
School Counselor Submission**

Name of Applicant: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

In a class of \_\_\_\_\_, this student ranks number \_\_\_\_\_. Official GPA \_\_\_\_\_

Has this student met or exceeded the minimal required community service hours? \_\_\_\_\_ yes \_\_\_\_\_ No

Please explain in detail.

What is this student's attitude toward learning and communicating with others?

List the name of scholarships, financial assistance awards, and the amount student has received to date.

Please provide any additional comments that will assist the scholarship committee making the best choice in the awards process.

\_\_\_\_\_  
**School Counselor's Signature**

\_\_\_\_\_  
**Date**

**AN OFFICIAL TRANSCRIPT MUST ACCOMPANY APPLICATION.**



Thank you for your interest in our scholarship program. Please mail applications and **ALL** supporting documentation by February 26, 2021 to:

**Delta Sigma Theta Sorority, Inc.**  
**Savannah Alumnae Chapter**  
**ATTN: SCHOLARSHIP COMMITTEE CHAIR**  
**P. O. Box 22243**  
**Savannah, GA 31403**

Applications mailed to any other address connected to the Savannah Alumnae Chapter will **NOT** be considered.