

**Summerville Alumnae Chapter**  
**DELTA SIGMA THETA SORORITY, INCORPORATED**  
Post Office Box 1962      Summerville, SC 29484

**SCHOLARSHIP APPLICATION 2022**  
**DEADLINE: MARCH 16, 2022**

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

**Scholarship Eligibility Requirements**

Check all scholarships that you want to apply for consideration

*You may apply for more than one scholarship.*

Checking a specific line/box indicates your intent to apply for the specific scholarship in bold letters.

- The Sandra Fishburn Larry Memorial Scholarship** in the amount of \$1,000.00 is awarded to an African American college bound senior at Fort Dorchester, Summerville, and Woodland High Schools
- Must have demonstrated academic achievement with a minimum weighted GPA of 2.5 on the South Carolina Uniform Grading Policy (SCUGP) 4.0 scale or 1.5 on a 3.0 scale
  - Must demonstrate financial need
  - Must NOT be an immediate family relative of a Summerville Alumnae Chapter member
  - The award disbursement is based on confirmed enrollment for Fall of the current year
  - Scholarship is a non-renewable, one year award
- The LaVerne Wilson Williams Memorial Scholarship**, in the amount of \$1,000.00 is awarded to an African American college bound senior at Ashley Ridge High School
- Must have demonstrated academic achievement with a minimum weighted GPA of 2.5 on the South Carolina Uniform Grading Policy (SCUGP)
  - Must demonstrate financial need
  - Must NOT be an immediate family relative of a Summerville Alumnae Chapter member
  - The award disbursement is based on confirmed enrollment for Fall of the current year
  - Scholarship is a non-renewable, one year award
- The Summerville Alumnae Scholarship**, in the amount of \$1,000.00 is awarded to any college bound senior matriculating in a Dorchester County School
- Must have demonstrated academic achievement with a minimum weighted GPA of 2.5 on the South Carolina Uniform Grading Policy (SCUGP)
  - Must demonstrate financial need
  - Must NOT be an immediate family relative of a Summerville Alumnae Chapter member
  - The award disbursement is based on confirmed enrollment for Fall of the current year
  - Scholarship is a non-renewable, one year award
- The Summerville Alumnae Grant-in-Aid**, in the amount of \$500.00 is awarded to a Dorchester County high school senior who has a current IEP or 504 plan on file in the School District
- Must have supporting documentation from the guidance counselor and a minimum GPA of 2.0 on the South Carolina Uniform Grading Policy (SCUGP)
  - Must demonstrate financial need
  - Must NOT be an immediate family relative of a Summerville Alumnae Chapter member
  - The award disbursement is based on confirmed enrollment for Fall of the current year
  - Scholarship is a non-renewable, one year award

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*Direction: Provide all information requested below.*

**I – Applicant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_

School Currently Attending \_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_

**II – Current & Past School Activities & Honors**

Name of Group/Activity	Grade (Check boxes that apply)				Leadership Positions Held
	9	10	11	12	
1.					
2.					
3.					
4.					
5.					
6.					

**III – Current & Past Extra-Curricular/Community Service Activities**

Name of Group/Activity	Grade (Check boxes that apply)				Leadership Positions Held
	9	10	11	12	
1.					
2.					
3.					
4.					
5.					
6.					

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**IV. Financial Need**

Check the box below that best describes your family's combined gross income. Income should include employment, SSI, alimony, child support, disability, etc.

\$0 - \$14,999

\$50,000 - \$74,999

\$15,000 - \$29,000

\$75,000 - \$99,999

\$30,000 - \$49,000

\$100,000 or more

Number of Dependents in Household \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**V. Financial Awards & Scholarships**

Scholarships, Loan, Grant or Award Applied	Awarding Organization	Amount Expected/Awarded
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Total Amount Awarded		
Total Amount Expected		

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**VI. Essay**

**In a well-organized essay of 300 to 500 words, please discuss one of the topics below. The essay must be double-spaced, using a 12 point, Times New Roman font.**

- 1. Describe your most meaningful achievements and explain how they relate to your career goals and objectives.*
  - 2. How will your college education help you to give back or serve your community?*
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**VII. Scholarship Recommendation Form**

**DIRECTIONS:** In addition to filling out this form, you may also write a letter if you feel it would better reflect your opinion of this applicant. Please attest to the applicant’s academic potential, leadership ability, character, and commitment to serving humanity. Place this form and the letter (if you choose to submit one) in a sealed envelope and give it to the applicant to return with his or her other application materials.

**NOTE:** You must **NOT** be a relative of the applicant.

**APPLICANT**

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**HIGH SCHOOL**

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	<b>BELOW AVERAGE</b>	<b>AVERAGE</b>	<b>ABOVE AVERAGE</b>	<b>SUPERIOR</b>
<b>CHARACTER</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>RESPONSIBILITY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>SCHOLASTIC ACHIEVEMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>COMMUNITY INVOLVEMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Please indicate reasons why you feel this applicant should receive this scholarship.  
(If you attach a letter, you may leave this part blank).**

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**Signature**

**Relationship**

**Address**

**Home Number**

**Work Number**

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**APPLICANT**

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**HIGH SCHOOL**

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	<b>BELOW AVERAGE</b>	<b>AVERAGE</b>	<b>ABOVE AVERAGE</b>	<b>SUPERIOR</b>
<b>CHARACTER</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>RESPONSIBILITY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>SCHOLASTIC ACHIEVEMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>COMMUNITY INVOLVEMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Please indicate reasons why you feel this applicant should receive this scholarship.  
(If you attach a letter, you may leave this part blank).**

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**Signature**

**Relationship**

**Address**

**Home Number**

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**IX. Photograph & Video Authorization and Release Form**

I/We, \_\_\_\_\_ (Parent/Guardian), as parent(s) or legal guardian (s) of \_\_\_\_\_, give permission for the Summerville Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the "Chapter") to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images, ("Images") taken of my child at **May Week/School Presentation**, without payment or any consideration and without notifying me.

I/We understand and agree that these images will become the property of the Chapter, which shall have complete ownership of the images. I hereby irrevocably authorize the Chapter to publish or distribute these images for the purpose of publicizing the Chapter's programs, including the Scholarship Program for any other lawful purpose. In addition, I waive my right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the images.

I/We here hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgements, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the images. This release specifically includes, without limitations a complete release and discharge of any liability by virtue of any editing, distortions, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/We hereby certify that I/We are the parents/guardians of \_\_\_\_\_, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

**I do NOT give consent for my child to be photographed.**

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**Signature of Applicant's Parent or Guardian**

**Date**

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**Print Name**

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**X. Application Signatures**

The information provided in my application packet is, to the best of my knowledge, complete and accurate. I understand that any false statements in this application may disqualify me from consideration of this scholarship award. I also understand and agree that all information submitted will become property of the Summerville Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated and will be kept confidential. I understand that I will be granted a personal interview if I submit a completed packet. I further understand that if I am chosen as a recipient, I am expected to attend the May Week Awards Program where the scholarship will be awarded.

If any of the above information is omitted and all directions are not followed, the application will be disqualified.

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**Signature of Applicant**

**Date**

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**Signature of Applicant's Parent or Guardian**

**Date**

**XI. To be completed by the Guidance Counselor:**

Class Rank \_\_\_\_\_ Number of Students in the Class \_\_\_\_\_

SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_

Grade Point Average: 3.0 Scale \_\_\_\_\_ 4.0 Scale \_\_\_\_\_

**For Grant-In-Aid Applicants:**

I, \_\_\_\_\_, Guidance Director, verify that this applicant has a current IEP or 504 Plan on file in the School District.

Grade Point Average: 3.0 Scale \_\_\_\_\_ 4.0 Scale \_\_\_\_\_

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**Signature of Guidance Counselor**

**Date**



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**XII. Complete Application Checklist**

Use the checklist to make sure that you have submitted all the required materials to receive consideration for the scholarship. Before submitting your application packet, please place a check mark next to each item below to indicate that you have reviewed your packet and that these items are included in your packet. Incomplete applications will **not** be considered.

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

- A completed typed application, Pages 1-4
- A parent/guardian's signature and date, Pages 3, 7, 8
- Your signature and date at the end of the application, Page 8
- Signature & date Photograph and Video Authorization and Release Form, Page 7
- The essay must be 300 to 500 words, double-spaced using a size 12-point Times New Roman font
- An **official, signed** high school transcript (sealed envelope) including first semester of senior year grades
- An acceptance letter from a technical school, college or university
- Signature of Guidance Counselor, Page 8
- Completed Recommendation Forms/Letters of Recommendation in separate sealed envelopes:
  - One letter must be from a teacher or school official
  - One letter must be from an adult (e.g. an employer, minister, etc.)
  - Recommendations from family members in the categories above will not be accepted. It is suggested that you ask the people who are writing your recommendation to comment upon
    1. The length of time they have known you
    2. Your personal qualities, character, leadership abilities, and/or any special attributes
    3. Why they believe you have the perseverance to succeed at the college/university level.

**Application must be *RECEIVED* by March 16, 2022**

**The application can be access online at [www.summervilledst.org](http://www.summervilledst.org)  
Any questions, contact Scholarship Chairperson at  
[summerville.alumnae.scholarship@gmail.com](mailto:summerville.alumnae.scholarship@gmail.com)**

**Submit Completed Application:**

**By Email To: [summerville.alumnae.scholarship@gmail.com](mailto:summerville.alumnae.scholarship@gmail.com)**

**-OR-**

**By Mail To: Summerville Alumnae Chapter  
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