



The Tallahassee Alumnae Chapter of Delta Sigma Theta Sorority, Inc. seeks to identify minority graduating high school seniors who have excelled academically, made a positive impact on their community, and demonstrated financial need.

High school students will be recipients of a one-time award that may be used at the university, 4-year college, community college or vocational school of their choice towards the cost of tuition, fees, books, room and board, computers, general living expenses and other-college-related expenses.

Eligibility Requirements

1. The applicant must be a minority resident in Leon, Madison, Taylor, Wakulla or Jefferson County in the State of Florida and must be a high school senior at the time the application is submitted.
2. The applicant must enroll in a post-secondary institution: university, 4-year college, community college or vocational school for the 2012-2013 academic year.
3. The applicant must have earned an overall un-weighted grade point average of at least a 3.0.

Items to Submit

The applicant must complete and submit a full application packet, which includes the following:

- ❖ Scholarship Program Application
- ❖ Official High School Transcript (please be sure un-weighted GPA is included)
- ❖ Three **signed** letters of recommendation from (1) An official high school representative (on letterhead); (2) An official from a volunteer organization (on letterhead) and (3) A non-family member
- ❖ 400 - 500 Word Essay (Must be typed and double-spaced.) on the following topic – “What do you plan to do with your college degree or certification?”
- ❖ A resume highlighting academic, extracurricular, and public service accomplishments

The Tallahassee Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Scholarship Committee, will conduct the scholarship review process. The emphasis will be placed on academic performance, extracurricular activities, and volunteerism. All applicants selected will participate in an interview conducted by the committee.

The completed packet of information must be postmarked by January 31, 2012. Please mail packets to: Tallahassee Alumnae Chapter Delta Sigma Theta Sorority Scholarship Committee, P.O. Box 5949, Tallahassee, Florida 32314-5949. This application may also be completed online at the following address – www.tallahasseedst.org. (Resumes, letters of recommendation, and official school transcripts will still need to be mailed if you choose the online application option).

Thank you for interest in the Tallahassee Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Scholarship.

For additional information, you may contact:

scholarships@tallahasseedst.org





Tallahassee Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
SCHOLARSHIP PROGRAM

Applicants must be a minority resident in Leon, Madison, Taylor, Wakulla or Jefferson County in the State of Florida and a current high school senior at the time the application is submitted. All application requirement forms must be completed and submitted in one packet. ***Incomplete packets will not be considered.***

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Personal Data

Type or print in black or blue ink.

Full Legal Name:

Last	First	Middle	Male/Female
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Parent(s) Name: _____

Permanent Address:

City	State	Zip
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Race: _____ Date of Birth: _____

Home Phone Number: (____) _____ Cellular: (____) _____

E-Mail Address: _____

High School: _____

Name	Street Address
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City	State	Zip
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Applicant: Please respond to the following statements.

1. Please list any extracurricular activities and any offices held.

Activities	Offices Held	Dates of Involvement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Please list any significant awards or honors you have received for academic or extracurricular achievement.

Award / Honor	Organization
_____	_____
_____	_____
_____	_____
_____	_____





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Applicant: Please respond to the following questions.

3. If you are a high school student, have you been accepted to a higher learning institution?

Yes: _____ No: _____

4. Anticipated post-secondary enrollment date: _____

5. Indicate post-secondary institution(s) you are planning to attend:

6. Are you a First Generation college student? Yes: _____ No: _____

We certify that the information provided is true and complete to the best of our knowledge.

Applicant's Signature/Date

Parent/Guardian's Signature/ Date

