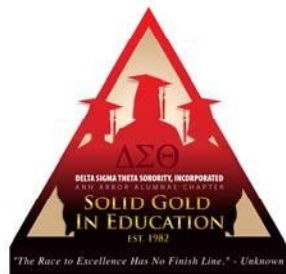


Scholarship Guidelines and Application



Delta Sigma Theta Sorority Inc., Ann Arbor Alumnae Chapter requests your assistance in identifying students who qualify for our annual scholarship awards. We are seeking candidates who meet the following requirements:

- ▲ African-American female
- ▲ African-American male (Letitia Lightfoot Byrd Scholarship only)
- ▲ Graduating high school senior
- ▲ Grade point average of 2.75 or greater
- ▲ Exhibits leadership abilities
- ▲ Engages in community service
- ▲ Participates in extracurricular activities
- ▲ Plans to attend an accredited college or university beginning Fall Semester 2021
- ▲ Resident of and attends school in Washtenaw County

Attached is an application form that we encourage you to share with those who may qualify. Please note that in addition to the eligibility criteria above, applicants are required to submit:

- ▲ One headshot photograph
- ▲ A completed, typed application form including a one page essay double-spaced essay, no more than 250 words
- ▲ An official transcript including current grade point average and ACT/SAT scores
- ▲ Three letters of recommendation from non-family members, one of which must be from a high school guidance counselor. Each letter should include:

The length of time the recommender has known the applicant

A description of the applicant's attributes and characteristics

An explanation of why the recommender believes the applicant has the perseverance to succeed at the college/university level

Fillable application is available here: www.annarbordeltas.org

Application should be downloaded, saved or scanned and emailed to aadstsolidgold@gmail.com or

mailed together in a single envelope to:

Delta Sigma Theta Sorority, Inc.
Ann Arbor Alumnae Chapter c/o
Scholarship & Recognition
P.O. Box 3704
Ann Arbor, MI 48106-3704

Application materials must be emailed or postmarked or date-stamped by April 9, 2021.

If you have any questions, please contact Committee Co-Chairs Janet V. Haynes at (734) 769-4437 or Lisa Bradley at 734-355-7595. Thank you for assisting us in this important endeavor.

Laurita Thomas
PRESIDENT

Janet V. Haynes and Lisa Bradley
SCHOLARSHIP COMMITTEE CO-CHAIRS

1. Personal Information

TO BE COMPLETED BY STUDENT	
Full Name	
Street Address	
City and Zip Code	
Phone Number(s)	
Email	
Date of Birth	
Race and Ethnicity	
Current High School	
Graduation Date	
TO BE COMPLETED BY PARENT/GUARDIAN	
Full Name	
Street Address	
City and Zip Code	
Phone Number(s)	
Email	
Relationship to Applicant	

2. Academic

Applicant's Overall GPA	
ACT Composite Score <i>(if applicable)</i>	
SAT Composite Score <i>(if applicable)</i>	

3. College/University Information

Name of School	City and State	Status of Application <i>(check one)</i>
		<i>Pending Decision</i> Accepted
		<i>Pending Decision</i> Accepted
		<i>Pending Decision</i> Accepted

4. Talents/Hobbies

STUDENTS: Please list your talents/hobbies.		

5. Community Service

STUDENTS: Describe your volunteer/community service activities from 9 th through 12 th grade. Include leadership responsibilities.		
Organization	Dates of Service	Description of Activities

6. Extra-Curricular Activities

STUDENTS: Please describe your activities, including any offices held.		

7. Employment

STUDENTS: Please list all paid positions.		
Company/Location	Dates of Employment	Responsibilities

8. Essay

STUDENTS: Please submit a DOUBLE-SPACED, TYPED, one page essay on a separate sheet of paper. DO NOT exceed 250 words..

TOPIC: Please describe how you believe your community service and leadership roles prepared you for your future aspirations?

9. Photograph/Video Authorization and Release Form

I/We, _____ ("Parent/Guardian") as parent(s) or legal guardian(s) of _____, give permission for the Ann Arbor Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the "Chapter") to publish on the Internet or media, still photographs or moving images. This includes, if applicable, any sound recordings accompanying the images ("Images") taken of my child at the Scholarship/Solid Gold Award activities 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 scholarship programming and for any other lawful purpose. In addition, I waive any 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 hereby hold harmless and release and forever discharge the Chapter and any of its officers and members: National Executive Board, officers, members, employees, representatives, agents and assigns of Delta Sigma Theta Sorority, Incorporated, from any and all claims, costs, suits, actions, judgments and expenses which my child, her heirs, representatives, executors, administrators or any other persons acting on her behalf that have or may have reasons for the use of the images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, 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 am/are the parent(s)/guardian(s) of:

I/We do hereby give my/our consent, without reservation, to the foregoing on behalf of my/our child.

Parent/Guardian Signature _____

Date _____

10. Letters of Recommendation

STUDENTS: Please provide information for the three individuals who have provided a letter of recommendation on your behalf.			
Name	Occupation	Relationship to Student	Contact Information
			PHONE
			EMAIL
			PHONE
			EMAIL
			PHONE
			EMAIL

11. Signatures

<i>"I hereby certify that the information provided herein is accurate and current. I understand that this application packet will be kept confidential and all materials submitted become the final property of the Ann Arbor Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated."</i>	
Applicant Signature	
Parent/Guardian Signature	
Counselor Signature	

12. Checklist

<u>ALL</u> of the items listed below must be included in your packet in order for this application to be considered. Please verify that you have submitted the following:	
	Completed, typed application form with original signatures of student and parent/guardian on the application
	Official high-school transcript (ACT/SAT scores and current GPA should be included)
	Three (3) letters of recommendation from non-family members
	Photo
	Typed, one-page essay on the topic provided
	Photograph/Video Authorization and Release form