



SALISBURY ALUMNAE CHAPTER

Delta Sigma Theta Sorority, Incorporated

2023 SCHOLARSHIP APPLICATION

Dear Applicant:

The Salisbury Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is committed to helping young people pursue education beyond high school that will prepare them for a more productive future. Scholarships are available to students attending a public high school within the service areas of the Salisbury Alumnae Chapter, which includes the following:

Rowan-Salisbury Schools, Stanly County Schools, and Livingstone College (whom are members of the Beta Kappa Chapter of Delta Sigma Theta Sorority, Inc.).

Scholarship awards will be mailed directly to the college/university where students are enrolled full-time (12 hours or more) during the spring semester of 2024. Candidates awarded a scholarship must provide proof of enrollment from the university's registrar's office. Proof of enrollment (indicating the student is enrolled in a minimum of 12 credit hours during the spring 2024 semester) must be mailed to **the Salisbury Alumnae Chapter by January 30, 2024.**

- A completed, typed application post marked by March 30, 2023.
- SAT/ACT Scores
- A parent/guardian's signature
- A one-page essay on the following topic: "Describe a significant change or experience that has occurred in your life since COVID. How did you respond and what did you learn about yourself from that experience?"
- Your signature at the end of the application
- Signed media release and photography form
- An official high school transcript with raised seal (in sealed envelope)
- Current Photo

All applications must be postmarked by **March 30, 2023**. Hand delivered or emailed applications will not be accepted. Please mail to: Salisbury Alumnae Chapter Attention: SCHOLARSHIP COMMITTEE P.O Box 1668. Salisbury, NC 28145



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Application Information

First Name Middle Name Last Name

Street Address

City State Zip

Home Phone Cell Phone Email Address

Female Male

Date of Birth Gender Place of Birth

Are you employed? Where? How Long?

Education

High School Attending Grade Overall GPA (weighted) SAT/ACT scores

Address City State Zip

College/University you plan to attend Location (City and State)

Intended Major/Field of Study



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Delta Sigma Theta Sorority, Incorporated II. Parent/Guardian Information

Name of Mother/Guardian

Mother/Guardian address

City/State

Phone Number: Home/Cell

Name of Father/Guardian

Father/Guardian Address

City/State

Phone Number: Home/Cell

List your involvement in extracurricular activities. Include special awards received for academic, philanthropic, athletic and/or other achievements.

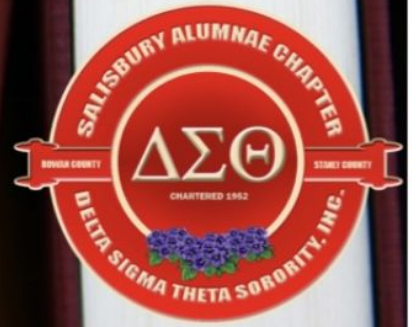
Club/Sport/Community Organization

Leadership Position/Role

Activities

Year(s)

Club/Sport/Community Organization	Leadership Position/Role	Activities	Year(s)

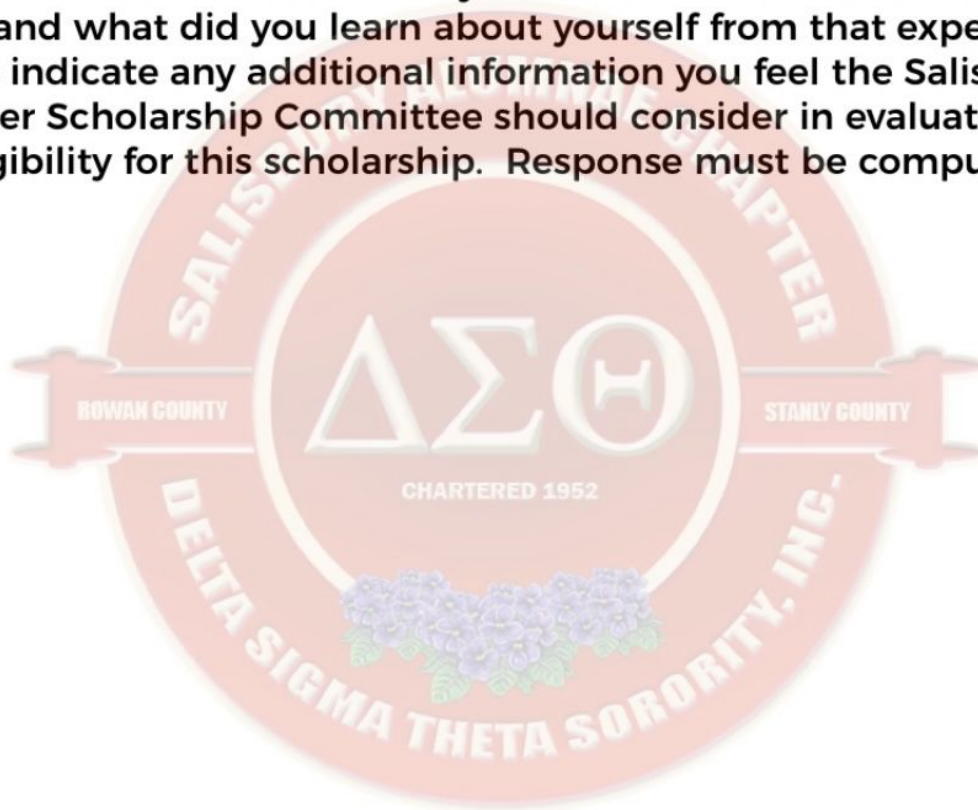


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A one-page essay on the following topic: “Describe a significant change or experience that has occurred in your life since COVID. How did you respond and what did you learn about yourself from that experience?”

(Please indicate any additional information you feel the Salisbury Alumnae Chapter Scholarship Committee should consider in evaluating your need and eligibility for this scholarship. Response must be computer generated.)





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Beta Kappa Collegiate Applicants (Non Graduating Seniors Only)

Tell us about your leadership skills by identifying one activity in which you had a leadership role. Include the goals of the project, number of individuals under your leadership, the amount of time you spent with the activity or project, and your specific leadership role. Also, provide the outcome or impact of the project and its relevance to your future. Have your advisor/sponsor sign the form below verifying all information related to the activity or project as accurate.

Leadership activity/project (Describe)

Leadership role and responsibilities within the activity/project:

Number of individuals under your leadership:

Total Amount of time devoted to the activity/project (Years, Months, Weeks, Hours, etc.):

Outcome/Impact:

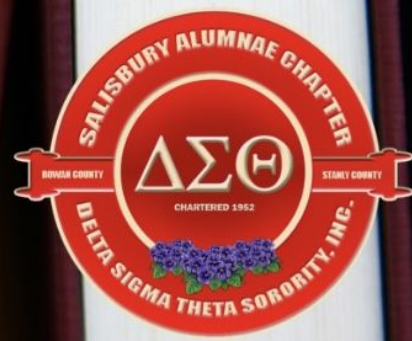
How has this experience helped you while you were in college?

Advisor's Name: _____
****MUST BE SIGNED BY PROGRAM ADVISOR** (Beta Kappa)**

Contact Phone: _____ Email: _____

DELTA SIGMA THETA SORORITY, INCORPORATED SALISBURY ALUMNAE CHAPTER 2023 SCHOLARSHIP APPLICATION SIGNATURE PAGE (Beta Kappa)

I, hereby certify that all the information provided in this application is accurate and current. I understand this application packet will be kept confidential. All materials submitted become the final property of the Salisbury Alumnae Chapter of Delta Sigma Theta Sorority, Inc., with the exception of any samples of my work that I provided such as wall art, photography, video, class assignment, broadcast script or school newspapers, which samples will be returned at my request. I understand that I will be required to make arrangements for the return of all work samples.



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Media Release and Photography Form

I understand that my child may be photographed in connection with his/her application for the scholarship awards offered by the Salisbury Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (the "Chapter".) I give permission for the Chapter to publish on the Internet or media still photographs ("Images") that may be taken of my child without payment or any consideration and without notifying me. I 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 program or 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.

ROWAN COUNTY

STANLY COUNTY

I hereby hold harmless and release and forever discharge the Chapter and any of their officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/belief have or may have by reason of 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 cause, produced, and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

Signature of Applicant's Parent or Guardian Date



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School Faculty Recommendation Form

Applicants's Name: _____

Person completing Recommendation Form: _____

How long have you known the applicant: _____

In what capacity have you known the applicant? Please respond to all that apply.

Personal Acquaintance _____ School Records _____
 Reports of Instructors _____ Other Knowledge _____

Please respond to each of the areas below, giving your candid opinion of the applicant.

	Excellent	Good	Average	Below Average	No basis for rating
Ability to set and achieve goals					
Academic Progress					
Attendance/ Punctuality					
Attitude/Cooperation Relationship with others					



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	Excellent	Good	Average	Below average	No basis for rating
Leadership (judgment, ability to lead and influence)					
Motivation (initiative, resourcefulness, selfstarter)					
Quality of Performance (accuracy, neatness, thoroughness)					
Verbal Expression of ideas					
Written Expression of ideas					

What are the special strengths of the applicant?

Is there anything else you wish to share about the applicant?

Signature: _____ Date: _____

Position: _____

School: _____

Cell: (_____)

Home number: (_____)