

DELTA SIGMA THETA SORORITY, INC.
Middletown (DE) Alumnae Chapter
2023-2024 Scholarship Application
<http://www.middletowndedst.org>

Ethel Cuff Black Book and Materials Scholarship Application

Dear Applicant:

The Middletown (DE) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is committed to helping young people succeed academically. This includes ensuring that students have access to the financial resources they need to obtain a college education. The chapter offers three scholarship awards through the Middletown (DE) Alumnae Scholarship Program.

Scholarships are available to students who reside in the service area of the Middletown (DE) Alumnae Chapter: Middletown, Odessa, Townsend, Clayton, Port Penn, St. Georges, and Delaware City. To be eligible to receive an award, recipients must meet the following requirements listed for the scholarship:

Ethel Cuff Black Scholarship for books and materials, have an average of at least 2.5 on a 4.0 scale

APPLICANT COVER SHEET

Name _____ Date _____
Address _____
City _____ Zip Code _____ Phone _____
High School _____ Cumulative GPA _____

Scholarship Eligibility Requirements

To meet the guidelines to be considered for this scholarship, you **must**:

- Currently be a senior residing in the Middletown (DE) Alumnae service area (Middletown, Odessa, Townsend, Clayton, Port Penn, St. Georges, and Delaware City)
- Exhibit a minimum high school cumulative grade point average of 2.5 on a 4.0 scale.
- Complete and submit an application packet, which includes all documentation as noted below.

Note: Dependents of existing Middletown Alumnae Chapter members are ineligible.

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Submit Completed Application to:

SCHOLARSHIP1.DSTMIDDLETOWNDE@GMAIL.COM

Access the official application online at:

<http://www.middletowndedst.org/scholarships>

Scholarship Application Checklist

Use this checklist to make sure that you have submitted all the required materials to receive consideration for the scholarship. Incomplete applications will **not** be considered.

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

- A completed application form
- A parent/guardian's signature
- Your signature at the end of the application
- Media Release and Photography Form
- An **OFFICIAL** high school transcript (sent from HS counselor to:
SCHOLARSHIP1.DSTMIDDLETOWNDE@GMAIL.COM)
- Three (3) letters of recommendation from any of the following individuals:
 - Activity/Club Advisor
 - Coach
 - Community Leader
 - Employer
 - High School Administrator
 - High School Counselor
 - High School Teacher
 - Minister
 - Organizational Sponsor
 - Volunteer Coordinator

Recommendations from family members in the categories above will **NOT** be accepted.

It is suggested that you ask the people who are writing your recommendations to comment upon the following:

- (1) the length of time they have known you;
- (2) your personal qualities, character, leadership abilities, and/or any special attributes; and
- (3) why they believe you have the perseverance to succeed at the college/university level. All letters must be on letterhead to be accepted.

- A two-page essay highlighting your community service, leadership activities, and college and career goals (computer generated, size 12 Times New Roman font, double-spaced, one-inch margins)

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2022-2023 Scholarship Application

All Applications must be Emailed by March 13, 2024
HAND-DELIVERED APPLICATIONS WILL NOT BE ACCEPTED.

Directions: Provide all information requested below.

I. Applicant Information

First Name	Middle Name	Last Name	Gender
_____	_____	_____	_____
Street Address			

City	State	Zip	
_____	_____	_____	
Home Phone	Cell Phone	E-mail Address	
_____	_____	_____	
Date of Birth (Month/Day/Year)	Place of Birth (City and State)		
_____	_____		

High School

High School Attending	Grade	Cumulative GPA	
_____	_____	_____	
Address	City	State	Zip
_____	_____	_____	_____

Institution of Post-Secondary Education and Major

Preferred Post-Secondary Institution	Location (City and State)
_____	_____
Intended Major/Field of Study	Intended Minor/Field of Study
_____	_____

II. Parent/Guardian Information

Name of Mother/Guardian			

Mother/Guardian's Address (if different from applicant's)	City	State	ZIP
_____	_____	_____	_____
Mother's Work Phone	Mother's Home/Cell Phone		
_____	_____		
Mother's Occupation	Mother's Employer		
_____	_____		
Name of Father/Guardian			

Father/Guardian's Address (if different from applicant's)	City	State	ZIP
_____	_____	_____	_____
Father's Work Phone	Father's Home/Cell Phone		
_____	_____		
Father's Occupation	Father's Employer		
_____	_____		

All Applications must be received by March 13, 2024
Hand-delivered applications will not be accepted.

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III. Honors and Awards (e.g., academic, athletic, community, and/or school awards)

Award	Source of Award	Reason(s) for Award
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

IV. Extra-Curricular/Community Service Activities (e.g., school, religious, social groups)

Name of Group/Activity	Grades (List all that apply) 9th, 10th, 11th, and/or 12th	Leadership Position(s) Held
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

V. Post-Secondary Institutions

Name of School to Which You Applied	City/State	Status of Application
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

VI. Financial Awards and Scholarships

Scholarship, Loan, Grant, or Award Applied For	Awarding Organization	Amount Expected, Amount Awarded
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
Total Amount Awarded (Received)	_____	_____
Total Amount Expected (Not Received)	_____	_____

VII. Work/Volunteer Experience

Employer/Organization	Dates of Employment/Service	Position Held	Total Hours of service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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VIII. Other

Indicate any additional information you feel the Middletown (DE) Alumnae Chapter Scholarship Committee should consider in evaluating your need and eligibility for this scholarship.

I hereby certify that all the information provided in this application is accurate and current. I understand this application packet will be kept confidential, and all materials submitted become the final property of the Middletown (DE) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Signature of Applicant

Date

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Media Release and Photography Form

I understand that in order to apply for the Delta Sigma Theta Sorority, Inc., scholarships that I may be photographed and therefore, a release must be completed in order to complete this application.

Additionally, if samples of my work are provided such as wall art, photography, video, class assignment, broadcast script, or school newspapers, they will be returned at my request. I will be required to arrange for the return of all work samples.

Signature of Applicant's Parent or Guardian

Date