

**Smithfield Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
2019 Scholarship Application**

(Please type or use black ballpoint ink.)

Attach photo here

**APPLICANT'S Name** \_\_\_\_\_  
Last First

**PARENT SIGNATURE** \_\_\_\_\_

**DEADLINE: APRIL 26<sup>th</sup>**

**GENERAL INFORMATION AND INSTRUCTIONS**

1. Must be a high school senior residing in Isle of Wight County or Surry County, and attending Smithfield High, Surry County High, or Windsor High School;
2. Have an overall GPA of B/3.0;
3. Have been accepted as a full-time student at an accredited college or university;
4. Submit a typed, double-spaced, Times New Roman 12, 100 word essay, noting financial need.
5. Submit letters of recommendation from a teacher, counselor, or principal and a community leader.
6. Complete the entire application. Any omission will eliminate the applicant for consideration.
7. Recipients, family and friends are requested to attend a Scholarship Tea.  
You will be notified of the date, time, and place.
8. The sorority will pay all scholarship awards upon confirmation of college or university enrollment verification.
9. All awards are given for one school year only.

**COMPLETE AND RETURN TO:**  
SAC Scholarship Committee  
Delta Sigma Theta Sorority, Inc.  
Attn: T. Brown  
P. O. Box 921  
Smithfield, VA 23431

*Smithfield Alumnae Chapter*  
*Delta Sigma Theta Sorority, Inc.*  
**2019 SCHOLARSHIP APPLICATION FORM**

**PERSONAL DATA**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

**EDUCATIONAL PLANS**

College/University to which you have been accepted: \_\_\_\_\_

Intended Major \_\_\_\_\_

**ACTIVITIES** (Attach an additional sheet if necessary)

List school extra-curricular activities, honors and awards, and community service.

Extra-Curricular Activities: \_\_\_\_\_

Honors and Awards: \_\_\_\_\_

Community Service: \_\_\_\_\_

**ESSAY**

Attach a typed 100-word essay stating your goals, financial need, and what it would mean to you to be awarded this scholarship.

**REFERENCES**

Submit a letter of recommendation from a teacher, school counselor, or principal and a community leader. Your two letters of recommendation must be attached to this form.

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**GUIDANCE DEPARTMENT**

I certify that \_\_\_\_\_ has a GPA (on a 4.0 scale) of \_\_\_\_\_ at \_\_\_\_\_ High School.

Our Awards Day is \_\_\_\_\_ at \_\_\_\_\_ AM/PM.

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date