DELTA SIGMA THETA SORORITY, INCORPORATED A Service Sorority Founded in 1913

Minneapolis - St. Paul Alumnae Chapter Vernetta Wilson Memorial Scholarship Application

A. Instructions

- Please type or print in blue or black ink. To be considered, all sections must be completed.
- This application consists of four pages and two supplemental reference forms. If you are missing any
 pages, please consult your high school counselor, visit www.dstmsp.org to download the materials,
 or contact scholarshipmspacdst@gmail.com to receive an electronic copy of the materials.

B. Criteria

- African-American/Pan-African high school graduating senior Class of 2020
- Minimum cumulative <u>unweighted</u> grade point average of 2.7 on 4.0 scale
- Demonstrated leadership skills
- Active volunteer in community service activities (minimum 30 hours). Note: Community service is
 weighted heavily, and applicants are encouraged to report the total number of community service
 hours performed (please refer to section I).
- Acceptance at a two-year or four-year accredited institution of higher education for the 2020 fall semester (If awarded scholarship, proof of full-time registration is required to receive funds.)
- Minnesota resident

The award committee considers multiple factors when evaluating applications including community service contributions, autobiographical essay, grade point average, personal reference letter and financial need. **Note:** Children of members of Delta Sigma Theta Sorority, Inc. are **not** eligible for this scholarship.

C. Applicant information				
Name (First, middle, last):	E-mail address:			
Address (Include apartment or unit number):	City, State, ZIP:			
Home phone (Include area code):	Cell phone (Include area code):			
Gender: ☐Male ☐ (Fe)male	Date of birth (Month, day, year):			
High school:	Cumulative <u>unweighted</u> grade point average (G.P.A.):			
How did you hear about this scholarship? ☐ Counselor ☐ Church ☐ Other If other, please explain:				
D. Parent/guardian information				
Parent/Guardian #1	Parent/Guardian #2			
Name:	Name:			
Occupation:	Occupation:			
With whom do you reside? ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Both ☐ Other				

E. Financial information					
The award committee considers multiple factors when evaluating applications including community service contributions, autobiographical essay, grade point average, personal reference letter and financial need.					
If you would like your financial profile to be considered by the award committee, please complete item E-1 or E-2 below. Items E-1 and E-2 are optional ; omission of this information will not necessarily prevent an applicant from receiving a scholarship award.					
If you do not wish for your financial profile to be considered by the award committee, please indicate this by marking the checkbox for item E-3.					
E-1 (Optional): Expected Family Contribution (EFC) from your Free Application for Federal Student Aid (FAFSA) Student Aid Report (SAR), if available:					
(SAR), ii available:					
Please visit https://fafsa.ed.gov/ for information about FAFSA and the EFC.					
E-2 (Optional):					
Estimated Expected Family Contribution (EEC) calculated	from the online EAESA4es	actor tool:		
Estimated Expected Family Contribution (EFG) calculated	Hom the online FAFSA4C	aster tool.		
Please visit https://fafsa.ed.gov/FAFSA/ap	op/f4cForm to loc	cate the FAFSA4caster too	ol.		
E-3:					
☐ I do not wish for my financial profile to	be considered by	y the award committee.			
F. School information (List in order	er of preference	the schools to which ye	ou have applied	I.)	
College/university Neme	Turno of	Accepted	Tuition	Doom 9	
College/university Name:	Type of school:	Accepted:	per year:	Room & board	
1	□ 2 veer	□ Voc. □ Donding		per year:	
1.	☐ 2 year ☐ 4 year	☐ Yes ☐ Pending			
2.	☐ 2 year ☐ 4 year	☐ Yes ☐ Pending			
3.	☐ 2 year	☐ Yes ☐ Pending			
4.	☐ 4 year ☐ 2 year	☐ Yes ☐ Pending			
_	☐ 4 year				
5.	☐ 2 year ☐ 4 year	☐ Yes ☐ Pending			
Intended major:					
Intended minor/co-major:					
Career goals:					

G. Autobiographical essay

The essay must be typed on a **SINGLE** page and between 250 and 500 words. Answer one of the options below.

Option 1: Tell us about who you are, your goals, and an obstacle that you had to overcome. Be sure to indicate how the obstacle has impacted your life.

Option 2: Tell us about one of the organizations for which you have volunteered and why it is important to you. What impact did it have on you that you brought back to your school or community?

H. Letter of personal reference or Personal Reference Form

The letter must be typed and include a date and signature. The Personal Reference Form may also be used (provided in supplemental Appendix A).

Your personal reference may be from anyone **except** a relative. Personal references from a family friend, counselor, teacher, coach, etc. are acceptable.

It must include:

- How this person knows you
- Length of time she or he has known you
- Contact information (e.g. phone number, e-mail) in the event the committee has questions.

This personal reference should also address issues such as your intellectual promise, leadership potential, initiative, maturity, independence, concern for others and any special talents (i.e., any information that will help the scholarship committee distinguish you from other students).

I. Letter(s) of community service verification or Community Service Verification Form(s) The letter(s) must be typed and include a date and signature. The Community Service Verification Form may also be used (provided in supplemental Appendix B).

The person who provides your community service verification must include the following:

- Position within the organization for which service was performed or position within a coordinating organization (examples of coordinating organization: school AVID Program Coordinator, National Honor Society Advisor, or Outreach/Community Service Coordinator)
- Contact information (e.g. phone number, e-mail) in the event the committee has questions.
- Number of service hours and the academic or calendar year(s) in which they were performed (a minimum of 30 total hours must be verified; applicants are encouraged to verify all community service hours performed, and more than one letter or verification form may be used if needed)
- Capacity in which you performed your service(s)
- Impact you had on the organization(s)

Important note: If your community service is performed through a church, the service must directly affect the community at large, and not the church itself.

Examples of service that benefit the community (acceptable):

- Serving the homeless through a church kitchen
- Visiting nursing homes or prison as part of a youth ministry

Examples of service that benefit the church (unacceptable):

- · Church choir
- Usher board
- Sunday school teacher

J. Official transcript

The transcript must contain an official school seal or watermark; student copies will not be accepted.

K. Résumé

The résumé must be typed.

Your résumé should highlight your leadership, community service involvement (including beginning and end dates, total hours served and in what capacity you served), school activities, awards/honors and other interests.

L. Requirements	
Is your application packet complete? Your application packet must contain each of the following items to check off the items as you verify and collect them for inclusion in you	
 □ Completed and signed application form □ Autobiographical essay (typed, single page, between 250 and 50 □ Letter of personal reference or Personal Reference Form (typed, □ Letter(s) of community service verification or Community Service (typed, dated, signed; verifying a minimum of 30 total hours of se □ Official transcript (official school seal or watermark; minimum unv □ Résumé (typed) 	dated, signed) Verification Form(s) ervice)
M. Deadline and mailing information	
M. Deaume and maming imormation	
The deadline for all material is Friday, February 22, 2020. All ma before this date! Contents must be mailed. <u>E-mailed, faxed or hand-</u> Late or incomplete application packets will not be considered.	
Mail all materials to:	
Delta Sigma Theta Sorority, Inc. Minneapolis/St. Paul Alumnae Chapter Attention: Scholarship Chairperson PO Box 580709 Minneapolis, MN 55458-0709	
N. Applicant signature	
My signature indicates that I have read the requirements outlined in that all information in my application packet is complete, factually co	
Signature Date _	
O. Parent/guardian signature	
I have reviewed my child's application and verify its truth, accuracy a	and completeness.
Parent/guardian signature Date _	