

Gastonia Alumnae Chapter Delta Sigma Theta Sorority, Inc.

P.O. Box 1482 Gastonia, NC 28053,

December 9, 2024

To Whom It May Concern:

The Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is an organization of college-educated women committed to constructive development of its members and to service, with a primary focus on male and females in the African-American community. Each year, our sorority offers scholarships in recognition of our mission and heritage to deserving high school seniors seeking higher education in a two or four-year institution. Therefore, we hope that those high school seniors who share our goals and purpose will apply.

Completed applications must be postmarked by Friday February 21, 2025 and must be sent to:

**Gastonia Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
C/o Scholarship Committee**

PO Box 1482

Gastonia, NC 28053

or downloaded to : Scholarship@gastoniaalumnaedst.org

Incomplete applications will not be reviewed. No exceptions.

Children whose parents are affiliated with the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. are ineligible.

For Questions or inquiries:

email- Scholarship@gastoniaalumnaedst.org

website: www.gastoniaalumnaedst.org

All Applicants Must Meet the Following Eligibility:

- Be an African American male or female high school senior planning to enroll in an accredited two-year community college or four-year college or university
- Reside in Gaston County, attend a high school in Gaston County, and is in good standing to graduate by May 2024
- Have a minimum cumulative Grade Point Average of 2.75 on a 4.0 scale or 1.75 on a 3.0 scale
- Have applied for Fall 2025 admission/enrollment in a four-year college or university or two year community college.
- Have active engagement within their community and/or school
- Have recent SAT or ACT scores as well as 1st Semester Final Grades
- **Not be a child of a parent who is affiliated with the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.**

All interviews will be scheduled during the week of March 10, 2025.

Thank you for your interest in our scholarship program.

Sincerely,

Renee B. Knight

Renee B. Knight, Chair
Scholarship Committee

**Gastonia Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Scholarship Application 2025**

I. PERSONAL DATA

Name: _____

 Last First Middle

Address: _____

Number Street City, State Zip

DOB: ____/____/____ Home Phone: _____ Cell Phone: _____
month/day/year

E-Mail Address: _____ Gender: M ☐ F ☐

Parent(s) Name(s): _____

Parent Address: _____
If different than above

High School Name: _____

High School Address: _____
 Number Street City, State Zip

Dates Attended: *from* _____ *to* _____ Current GPA*: _____ Scale of _____
***Must have a cumulative GPA of 2.75 on a 4.0 scale or 1.75 on a 3.0 scale**

II. ORGANIZATIONAL INVOLVEMENT, HONORS & SPECIAL INTERESTS

(Include all leadership activities, special programs, internships, etc. in which you have been involved. Please utilize a separate sheet of paper if you need to include more information.)

1. List the organizational memberships and offices you have held in your school.

Organizations

Office(s) Held and Year

2. List the organizational memberships and offices you have held in your community.

Organizations

Office(s) Held and Year

3. List your Honors and Awards and the Year You Received Them.

4. List Your Special Interests:

**Gastonia Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Scholarship Application 2025**

(Please Type or Print All Information with a Black Ballpoint Pen)

III. WORK EXPERIENCE (*Option — You may attach a current résumé for Part III*)

List any work experience (Include job title, employer, and dates of employment)

Employer: _____
Address: _____
Job Title: _____
Dates of Employment: _____

IV. REQUIRED ESSAY

- Attach One Page (250-500 Words) Typed Essay on the following: **How will receiving a scholarship from the women of Delta Sigma Theta Sorority, Inc. assist you in attaining your future goals?** (Required)
- Address at **least one** the following questions within your essay:
 - What values have you gained from your participation in your public service involvement in middle/high school and/ or church?
 - Why is active participation within the community and public vital to one's future?
 - How does community involvement and service shape one for the future?

Correct grammar and punctuation will be evaluated as part of the essay.

V. POST SECONDARY INFORMATION

	<i>INSTITUTION 1</i>	<i>INSTITUTION 2</i>	<i>INSTITUTION 3</i>
<i>Institution Name</i>			
<i>Institution Location (City & State)</i>			
<i>Application Status</i>	<input type="radio"/> Pending <input type="radio"/> Accepted <input type="radio"/> Rejected	<input type="radio"/> Pending <input type="radio"/> Accepted <input type="radio"/> Rejected	<input type="radio"/> Pending <input type="radio"/> Accepted <input type="radio"/> Rejected
<i>Annual Tuition</i>	\$	\$	\$

Gastonia Alumnae Chapter
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Scholarship Application 2025
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VI. FAMILY HISTORY

1. Parent/Guardian

Mother's Name: _____
Last First Middle

Occupation/Job Title: _____

Phone Number: _____ Cell Phone: _____

Father's Name: _____
Last First Middle

Occupation/Job Title: _____

Phone Number: _____ Cell Phone: _____

2. Number in Household _____ Number of Dependents in household: _____

Number of Dependents currently attending a college or university: _____

3. Are you a child of a parent who is affiliated with the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.?

Yes _____ No _____

Gastonia Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
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VII. OTHER SCHOLARSHIP/FINANCIAL AWARDS

List any other scholarships of financial awards you have applied for, received or that are pending

<i>Gifts, Awards, & Scholarships</i>	<i>Term of Award</i> <i>(1 yr; 4 yr; Renewable, etc.)</i>	<i>Total Amount</i> <i>Of the Award</i>
1.		
2.		
3.		
4.		
<i>Grand Total Gifts, Awards, & Scholarships</i>		

VIII. RECOMMENDATIONS

Please submit one (1) Letter of Recommendation and one (1) Guidance Counselor form

- Recommendation may **NOT** be from a RELATIVE of the applicant
- Letter must be addressed to Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
- Must be written on the recommender's official letterhead, signed, and dated
- Submitted in an official sealed envelope with the recommender's signature across the seal
- Recommendation letter must be returned to the applicant for submission with the application package

Letter of Recommendation from Teacher/Community Service Leader/Supervisor or Church Official.
Recommendations must address the:

- Length of time they have known you and in what capacity
- Description of your community activities/involvements
- Description of your character
- Recommender's job title and contact information

Please Note: Completed Guidance Counselor Recommendation Form should be in a sealed envelope.

**Gastonia Alumnae Chapter
Delta Sigma Theta Sorority, Inc.**

Scholarship Application 2025

(Please Type or Print All Information with a Black Ballpoint Pen)

APPLICATION CHECKLIST

Completed application and supporting documents must be submitted as one completed application package and received by **Friday, February 23, 2025 in order to be reviewed.**

A completed application package is as follows:

- Completed application with signed *Declaration*
- The typed 250-500 word essay
- Official transcript with cumulative **GPA requirement** in a sealed envelope
- **SAT and/ or ACT** listed on transcript or included on official form
- Résumé (Optional – to complete *Part III – Work Experience* on application)
- One Letter of Recommendation written to **Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.**
- One Guidance Counselor Form
- College acceptance letter, if received

APPLICANT ELIGIBILITY: All Applicants Must:

- Be an African American high school senior planning to enroll in a two or four-year college or university
- Reside in Gaston County and attend a public or private school in Gaston County, NC
- Have a minimum cumulative Grade Point Average of 2.75 on 4.0 scale or a 1.75 on a 3.0 scale
- Have applied for Fall 2024 admission/enrollment in a two or four-year college or university
- Have recent SAT/ACT scores and 1st Semester Grades
- **Not be a child of a parent affiliated with the Gastonia Alumnae Chapter of Delta Sigma Theta, Inc.**

EVALUATION CRITERIA

- Factors considered by the Scholarship Selection Committee in evaluating applications include leadership, community involvement, and academic achievement.
- Unofficial and or/ unsealed transcripts will not be accepted.
- Applications received after the deadline of **February 23, 2025** will not be reviewed.
- Incomplete applications will not be reviewed.
- **NOTE: Application materials will not be returned.**

SCHOLARSHIP INTERVIEW

Applicants who qualify will be contacted by the scholarship committee and informed of interview date, time and location. Award recipients will be notified by the beginning of April 2025

DECLARATION

I hereby declare that all of the above statements are true. I have also included with this application the necessary official transcript and letters of recommendation in sealed envelopes. I understand all information submitted will become the property of the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and will not be returned. I am willing to appear for a personal or virtual interview and to forward any additional information if necessary. I agree to accept the decision of the Scholarship Committee of the Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

_____ Applicant Signature ____/____/____ Date

**Gastonia Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Scholarship Application 2025**

(Please Type or Print All Information with a Black Ballpoint Pen)

SCHOOL COUNSELOR RECOMMENDATION FORM

Applicant Name: _____

This student is an applicant for a scholarship awarded by Gastonia Alumnae Chapter, Delta Sigma Theta Sorority, Inc. The Gastonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is an organization of college-educated women committed to constructive development of its members and to service, with a primary focus on women in the African-American community. We thank you for taking the time to aid us in our review of this applicant's qualifications for our scholarship. All information is considered confidential.

To the Recommender: After completing this recommendation form, return it to the applicant in a sealed envelope with your signature on the seal. This recommendation is a required part of the scholarship application package so a prompt return to the applicant is important in order to meet the following deadline: **February 23, 2025**. If you have any questions regarding this application process, please contact , Scholarship Chairperson at (860) 305-2818.

Please complete Sections A and B of this recommendation form.

Section A:

Recommender's Information

Name & Title: _____

E-mail: _____ Phone: _____

High School: _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Recommender's Signature & Date : _____

Section B: Please rate the applicant using the scale below.

Scale Item	Excellent	Good	Fair	Poor	No Basis for Judgment
<i>Academic Performance</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication/ Interpersonal Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Work ethic and Responsibility</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Creativity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emotional Maturity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self Confidence</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Community Service/ Citizenship</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Diligence/ Commitment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Motivation to attend College</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>