



Delta Sigma Theta Sorority, Inc.
Rolling Hills/Palos Verdes Alumnae Chapter

**POST OFFICE BOX 3153
PALOS VERDES PENINSULA, CA 90274**

2019-2020 SCHOLARSHIP APPLICATION

Rolling Hills/Palos Verdes Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is offering scholarships to graduating seniors of African American ancestry. The scholarship will be awarded to selected high achieving students who will be graduating from high school by June of this academic year. The selection will be made from high school students that attend high schools or resides within the following areas: **Palos Verdes, Rolling Hills, Rolling Hills Estates, Palos Verdes Estates, Torrance, Lomita, Redondo Beach, Manhattan Beach, Hermosa Beach, Lawndale, Gardena, Hawthorne, Rancho Palos Verdes, Wilmington (Los Angeles), El Segundo, Harbor City and San Pedro.**

Scholarship Criteria and Application

Scholarship Applicants must meet the following criteria:

- Must be a graduating high school senior and accepted by an accredited four-year college or university.
- Must have a demonstrated willingness to make a positive contribution to your community.
- Must meet submission deadline of **March 13, 2020** (postmarked if sent by mail.) **Hand submissions will not be accepted.**
- Must be available for personal interview **week of March 29, 2020 (TBD).**

Scholarship Applicants must submit the following:

- A fully completed 2019-2020 Scholarship Application Form
- A wallet-sized photograph of yourself (attached to your application).
- A signed photo release authorization form.
- Official high school transcripts, including SAT I/II and ACT scores. (If SAT or ACT scores are not included on transcript, please submit an official score report)
- A one-page response to short essay questions.
- Two (2) letters of recommendation. One (1) from a teacher, counselor, or administrator, and one (1) from a religious or civic leader, employer or volunteer supervisor who will vouch for your character. The second letter should not be school related, from a relative of applicant, nor a member of this chapter of Delta Sigma Theta Sorority.

**SUBMIT APPLICATION TO:
DELTA SIGMA THETA SORORITY, ROLLING HILLS PALOS VERDES CHAPTER
VIA POSTED MAIL AT THE ADDRESS ABOVE OR ELECTRONICALLY AT rhpvacdst@yahoo.com**

For questions, email the Scholarship Committee at rhpvacdst@yahoo.com



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2019-2020 SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT

ATTACH PHOTO HERE
(Photo will not be returned)

Applicant Information

Name: _____ **SSN:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

High School: _____

Employed: Yes No If yes, where? _____

Applicant's Gross Annual Income: _____

Parent/Guardian Name _____ **Relationship** _____

Parent/Guardian Occupation _____ **Parent/Guardian Gross Income** _____

Number of dependents supported by Head of Household: _____

Number of sibling(s): _____ **Age of sibling(s):** _____

Number currently attending college: _____

Colleges you have applied to attend. Rank in order of preference.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Anticipated College Major: _____

Career/Professional Aspirations: _____



Grants/Scholarships applied for:

<u>Grants/Scholarships</u>	<u>Status</u>	<u>Amount (applied for)</u>	<u>Amount received</u>

Total Amount Received

\$ _____

Record of Participation in extracurricular activities

High School (verification required with Sponsors' initials)

Record of Participation in extracurricular activities High School (verification required with Sponsors' initials) <u>Organization</u>	<u>Office Held</u>	<u>9th</u>	<u>10th</u>	<u>11th</u>	<u>12th</u>	<u>Sponsor</u>

<u>Honors and Awards</u>	<u>Verification</u>



Community Service / Off-campus Activities (community volunteer work, offices held, awards)	Verification

Essay Questions:

Response should be no more than one (1) page, double-spaced, 12 pt. font, and one (1) inch borders.

1. After you complete your degree, how do you plan to give back to the community?
2. What would you like the selection committee to know about you?

CERTIFICATION:

I hereby certify that the information submitted herein is true and correct to the best of my knowledge and belief. I understand that a false statement could disqualify me for a scholarship award.

Name of Applicant: _____

Signature of Applicant: _____



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2019-2020 SCHOLARSHIP APPLICATION PHOTO RELEASE AUTHORIZATION FORM

I, _____, hereby give permission to Delta Sigma Theta Sorority, Rolling Hills/Palos Verdes Alumnae Chapter (RHPVACDST) to photograph or videotape my child, _____, for the explicit and single purpose of activity related to the 2019-2020 Scholarship Award Program. I further authorize the use of these images in publications, educational & marketing materials, news media, and social media that the Sorority may utilize and/or produce.

I understand that all images shall become the sole property of RHPVACDST, that RHPVACDST may use these images at its discretion at any time now or in the future.

I hereby relinquish any right or title to these images, and I release RHPVACDST from any and all liability arising from or in connection with the capture, use, publication or dissemination of these images.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date _____