Delta Sígma Theta Sororíty, Inc.

Los Angeles South Bay Alumnae Chapter Cynthia Giddens Hunter, President Scholarship Committee Chairperson, Gloria Brown Jackson

To: SCHOLARSHIP APPLICANTS AND COUNSELORS

From: Delta Sigma Theta Sorority, Incorporated - Los Angeles South Bay Alumnae Chapter

Subject: 2020 Carter-Weaver Scholarship Application Guidelines

Thank you for your interest in the **2020 Carter-Weaver Scholarship.** The purpose of this scholarship is to assist and encourage deserving African-American students who plan to attend a 4-year college or university. In addition, one scholarship will be awarded to a student transferring from a community college to a 4-year college or university.

The scholarship will be for one academic year based on grades and will be awarded to each recipient to cover related educational expenses (e.g. fees, tuition, books and transportation) for one year only.

To ensure that your application will be given the consideration that it deserves, you must complete all items and meet the deadline. For your application to be considered complete, it must include the following:

Completed and signed application and consent form. (Must include parent signature) Applicant must have applied and been accepted to a four-year college or university for the
scholarship year 2020. A copy of the acceptance letter from the four-year college or university must be submitted with the application.
Official transcript that includes GPA and class rank. The cumulative GPA must be 2.5 or higher.
Provide copy of SAT/ACT Achievements score, if not provided on Official Transcript.
TWO letters of recommendation must be submitted from the following individuals:
(a) Past or present teacher, principal or counselor
(b) Sponsor of an organization (school or non-school) in which the applicant has been active NO RECOMMENDATIONS FROM FAMILY MEMBERS Applicants must reside in or attend school in the chapter's service area
A wallet-size picture of yourself
A one-page resume including personal information, education, work/volunteer experience, activities, and hobbies
Write a 500-word persuasive essay on "The Importance of a College Education Today"
Be available for an interview
Complete application must be postmarked by March 31, 2020 and mailed to:
Delta Sigma Theta Sorority, Inc.
Los Angeles South Bay Alumnae Chapter
P.O. Box 11025

Carson, CA 90749

ATTENTION: Scholarship Committee

Inquiries should be directed to: gloriabjackson25@aol.com

Delta Sigma Theta Sorority, Inc. Los Angeles South Bay Alumnae Chapter 2020 Carter-Weaver Scholarship Application

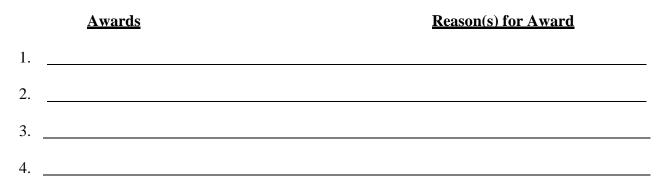
GRADUATING AFRICAN-AMERICAN HIGH SCHOOL SENIORS

<u>1. PERSONAL INFORMATION</u>

NAME:					
(LAST)	(FIRST)	(MIDDLE)			
BIRTH DATE:	E-]	MAIL:			
PHONE:	CELL:				
ADDRESS:					
(NUMBER)	(S'	ΓREET)			
(СПТҮ)	(STATE)	(ZIP)			
NAME OF PARENT OR GUARD	IAN (Print):				
PARENT OR GUARDIAN (SIGN)	ATURE).				
ADDRESS:					
(If different from above) (NUME	BER)	(STREET)			
(CITY, STATE, Z	ZIP)	PHONE:			
<u>2. HIGH SCHOOL</u>					
High School Name:					
Grade point average:(submit an official transcript)					
SAT/ACT Scores: VM	W(A	ttach copy of SAT/ACT scores, if <u>Not</u> recorded on transcript)			

3. HONORS AND AWARDS RECEIVED DURING HIGH SCHOOL/COMMUNITY COLLEGE:

List any scholastic, athletic, community, and /or school service awards you have received.



4. EXTRA-CURRICULAR ACTIVITIES:

School, Civic, Religious, Social Organizations, etc.

Name of Group/Activity	9	10	11	$12^{\rm C}_{\rm C}$	omm. ollege	Office Held
1.						
2.						
3.						
4.						
5.						
5. EDUCATIONAL OBJECTIVE: COLLEGE YOU PLAN TO ATTEND						
ANTICIPATED COLLEGE MAJOR:	1					
CAREER OBJECTIVES/GOALS:						
	2.					

6. WORK AND RESIDENCE INFORMATION:

Describe your work experience, if any. Include volunteer work.

	Employer	Dates	Position
1			
2.			
3			

7. PERSONAL ESSAY:

Write a 500-word composition on the topic of "The Importance of a College Education Today".

Please attach your essay. It must be typed with a 500-word limit and no longer than one page in length.

8. APPLICANT CONSENT:

I certify that I am a graduating senior in good standing at ______ High School and expect to enroll at ______ University/College in September of the year immediately following my high school graduation. I also certify that the information in this application is accurate. My signature on this application indicates that I was informed that a transcript of my grades will be required for the purpose of this scholarship application.

Applicant Name (Print):

Applicant Signature<u>:</u>______

Date: _____

9. PARENTAL AUTHORIZATION:

I agree that the transcript of grades for _____

_____(Applicant's Name)

may be released to the Scholarship Committee of Delta Sigma Theta Sorority for the purpose of evaluating this scholarship application. I understand that this application package will be kept confidential and all materials submitted become the final property of this organization.

Parent/Guardian Name (Print):

Parent/Guardian Signature: _____

Date:

Delta Sigma Theta Sorority, Inc. Los Angeles South Bay Alumnae Chapter PO Box 11025 Carson, CA 90749

Scholarship Committee

I/We, ______ ("Parent/Guardian"), as parent(s) or legal guardian(s) of _______, give permission for Los Angeles South Bay Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated to publish on the internet or media still photographs taken of my child during activities specifically related to The Scholarship Program, without payment or any consideration and without notifying me.

I/We understand and agree that these photographs will become the property of the Chapter, which shall have complete ownership of the photographs. I hereby irrevocably authorized the Chapter to publish or distribute these photographs for the purpose of publicizing the Chapter's programs, including The Scholarship Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the photographs.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the photographs. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said photographs, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

	I/we are the parents/guardians of	vithout reservation to the foregoing on behalf of
my/our child.		
		Parent/Guardian
Signature	Date	
Print Name		
		Parent/Guardian
Signature	Date	
Print Name		