

APPLICANT INFORMATION

Student's Name (Last, First, Middle Initial)		
Name of High School		City/State
School Counselor's Name		Expected Graduation Date (Month/Day/Year)
Cumulative GPA		
Birth Date (Month/Day/Year)		Ethnicity
Gender (Mark with an X) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> NonBinary <input type="checkbox"/> Gender non-conforming		
Permanent Address		
City	State	Zip Code
Home Telephone Number		Mobile Telephone Number
E-Mail Address		
Name of Parent/Guardian		E-mail Address of Parent/Guardian

CONSIDERATION PREFERENCE

Please indicate for which scholarship you would like to be considered (choose only one):

_____ Non-Historically Black Colleges and Universities Scholarship (non-HBCU)

_____ Historically Black Colleges and Universities Scholarship (HBCU)

COLLEGE APPLICATIONS

List the Universities/Colleges to which you have applied, and asterisk those to which you have been accepted below.

College/University	College/University
College/University	College/University
College/University	College/University

EXTRA CURRICULAR ACTIVITIES

List the major extracurricular activities (school and community) that you have participated in during high school. **Be certain to highlight any leadership positions held.**

(You may use one additional separate sheet of paper, if necessary)

Activities	Positions Held/Honors

COMMUNITY SERVICE

List the major community service (school and community) that you have participated in during high school. **Be certain to highlight any leadership positions held.**

(You may use one additional separate sheet of paper, if necessary)

Community Service Organization Name	Position Held & Brief Description of Responsibilities	Number of Community Service Hours Completed

Number of Community Service Hours Completed: _____

EMPLOYMENT HISTORY

List your work experience. (You may use one additional separate sheet of paper, if necessary)

Employer	Position Held & Brief Description of Responsibilities	Dates of Employment	Hours per Week

LETTER OF RECOMMENDATION

To the Recommending School Official (e.g. principal, assistant principal, counselor, teacher, advisor, organization lead or athletic coach): The student listed herein is applying for a scholarship from The Federal City Alumnae Chapter of Delta Sigma Theta Sorority, Inc. We would appreciate your candid assessment of the applicant's academic performance, maturity, oral and written communication skills, collaboration, critical thinking, creativity, leadership skills, and interpersonal skills. In your letter of recommendation, please also include the length of your acquaintance with the applicant, the subject or courses taught, dates of instruction, and a telephone number where you may be reached. Your letter of recommendation should be prepared on official stationery and include your signature. You may return your letter of recommendation to the applicant for inclusion in the applicant's packet, or mail it directly on or before the deadline (**must be emailed no later than 11:59PM on Friday, March 25, 2022 to scholarship@thefcadst.org OR postmarked no later than Friday, March 25, 2022**) to:

**Scholarship Committee
The Federal City Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 1605
Washington, D.C. 20013**

PACKET CHECKLIST

Be sure to include the following:

- _____ Typed & Signed Application
- _____ Two Letters of Recommendation (from School Officials ONLY)
- _____ Official Transcript
- _____ Essay

CERTIFICATION

By the signature below, I affirm that all information provided herein is true and complete to the best of my knowledge. Misrepresentation or the submission of inaccurate or incomplete information will result in disqualification or forfeiture of any award.

Applicant Signature	Date
Parent/Guardian Signature	Date