



Brazos Valley Area Alumnae (BVAA) Chapter
Delta Sigma Theta Sorority, Inc.
“A Public Service Sorority”



2021 Scholarship Application
African American High School Seniors
are Eligible for
a \$1,000 Scholarship

Applications may be obtained from:
Area High School Counseling Centers
Brazos Valley Area Alumnae Chapter Website (bvaadst.com)
or from any BVAA Chapter member

Completed applications should
be received and/or postmarked by
Friday, March 26, 2021

Return Completed Applications To:
Delta Sigma Theta Scholarship
P.O. Box 2222
Bryan, TX 77806-2222

Note: No electronic submissions will be accepted. Hard copy applications must be received.

For additional information contact:

Cheletia Johnson, Scholarship Committee Chair
scholarship@bvaadst.com
Olivia Body Davenport, president@bvaadst.com

**Delta Sigma Theta Sorority, Inc. was founded in 1913 on the campus of Howard University to promote academic excellence; to provide scholarships; to provide support to the underserved; to educate and stimulate participation in the establishment of positive public policy; and to highlight issues and provide solutions for problems in communities. Today, Delta Sigma Theta Sorority has more than 900 chapters worldwide and has initiated over 250,000 members. The Sorority uses its Five-Point Programmatic Thrust of economic development, educational development, international awareness and involvement, physical and mental health, and political awareness and involvement to create its national programs.*

**Brazos Valley Area Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 2222
Bryan, TX 77806-2222**

2021 Scholarship Application

In order for your application to be considered, please provide ALL of the information requested on this form. The enclosed form contains five parts to be completed and returned:

- Part I Applicant Demographic and Contact Information
- Part II Verification of Academic Standing and Letter of Recommendation
- Part III Civic Involvement and Employment
- Part IV Essay (Must be Typed)
- Part V Parent Letter

Part I – Applicant Demographic and Contact Information

Applicant's Full Name:	
Mailing Address:	
City, State, Zip Code:	
Email Address:	
Phone Number:	
Name of Parent or Guardian:	

High School:									
Expected Graduation Date:									
Name of college you plan to attend:									
Have you submitted your application?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Date of submission?									
Have you been accepted? <i>If yes, please attach a copy of the college acceptance letter to this application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
When do you plan to enroll?	<input type="checkbox"/> Fall 2021 <input type="checkbox"/> Spring 2022								
What is your intended major?									
Ethnicity Race	<table border="0"> <tr> <td><input type="checkbox"/> Hispanic / Latino</td> <td><input type="checkbox"/> Black</td> </tr> <tr> <td><input type="checkbox"/> Non-Hispanic</td> <td><input type="checkbox"/> American Indian</td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Black	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> American Indian	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other
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Part II – Verification of Academic Standing and Letter of Recommendation

Verification of Academic Standing (2.75 or Higher)- Weighted GPA

What is your current GPA?

What is your class ranking? of

Test Scores? SAT
 ACT

Please have a counselor verify the GPA, class ranking, and standardized test scores by signing below. (Include copy of SAT/ACT Test scores)

Counselor’s Name: _____ (Print) _____ (Signature)

Letter of Recommendation

Please provide (1) letter of recommendation from a school official, church member, member of Delta Sigma Theta or community leader. **The letter of recommendation must be on school/organization letterhead.**

Include the letter with your completed application and the following information:

- Name of Applicant
- Applicant’s potential for college success
- Need for financial aid
- Evidence of community service

Part III – Civic Involvement and Employment

List any high school organizations or activities in which you participate and include the duration of involvement (number of years or number of semesters). Please include any leadership positions held.

List any community organizations or activities in which you participate and include the duration of involvement (number of years or number of semesters). Please include any leadership positions held.

List any academic, school or community service awards, honors or recognition you have received.

List any employment or internships held during your high school tenure.

Part IV – Essay (200 Words or Less)

What contributions have you made in our community? How will your chosen career path further impact your community? **Please type your response.**

Part V- Parent Letter (250 Words or Less)

What financial challenges do you foresee in the future for your child's education? How will this scholarship benefit you and your child?

Return completed application by Friday, March 26, 2021. Please address any questions to Cheletia Johnson, Scholarship Committee Chair at scholarship@bvaadst.com or Olivia Body Davenport, President at president@bvaadst.com.

Scholarship awards are distributed by Brazos Valley Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc. upon proof of enrollment (i.e., student schedule, tuition bill, or fee schedule).

Photograph Release

To be eligible to receive this scholarship, you will be required to provide a school photograph for publicity announcements and be enrolled in college no later than January 2022. **Please submit the photograph with your application materials.**

I grant permission for Brazos Valley Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to release my photograph in connection with this scholarship announcement.

(Applicant Signature)

(Parent Signature)

Date

Applicant Affirmation

I affirm that the above statements are true, and I grant permission to validate any of the above information.

(Applicant Signature)

(Parent Signature)