



Warner Robins Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Post Office Box 6861
Warner Robins, GA 31095-6861
Email: chaptermail@warnerrobins-dst.org

January 22, 2024

TO: All Applicants

RE: Scholarship Application

The Warner Robins Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated appreciates your interest in becoming a 2024 scholarship recipient. Building upon the sorority's foundation of scholastic achievements, the quest for excellence in education remains the cornerstone of our agenda and outreach. Since the chartering of this chapter, members have provided continuous services and promoted numerous educational projects within the community.

As we continue this commitment to serve others, the members of WRAC will offer scholarships to graduating seniors, who reside in the Middle Georgia communities of Houston, Bleckley, and Pulaski Counties. Students must plan to attend a technical college, four-year college or university during the 2024-2025 academic school year. The information required to complete this application is enclosed.

If you have questions about the application or this process, you may **contact Cathy Johnson at 478-997-0331 or Michele Boone at 478-396-4926**. Again, thank you for your interest and we look forward to receiving your application!

Sincerely,

Rosalind Mitchell

Rosalind Mitchell
President

Cathy D. Johnson

Cathy Johnson, Chair
Scholarship Committee

Michele Boone

Michele Boone, Co-Chair
Scholarship Committee

REQUIREMENTS

Application: This application must be accurate, legible, and complete.

1. An application and typed essay (handwritten essays will not be reviewed)
2. A copy of the student's official high school transcript
3. A valid copy of SAT, ACT, ASSET/COMPASS scores
4. Letters of reference: one from each of the following:
 - ___ 1. Applicant's assigned teacher, counselor, or administrator
 - ___ 2. Applicant's church, work, or civic organization
 (Each letter of reference must be on a letterhead)
5. An applicant may apply and qualify for more than one type of scholarship, but he or she will only receive ONE (1) scholarship/award (not to exceed \$1,000)
6. Please provide proof of income, tax return, W2 form, or appropriate documentation for Need to Succeed Award. (Please mark out Social Security number and bank information).
7. One-to-two-page essay with a minimum of 500 words.
8. Completed application package must be postmarked by **April 13, 2024**



Scholarships: Check (☐) your selection(s)

- ___ **1. Warner Robins Alumnae Chapter Academic Excellence Award (\$1000)**
 - Must be a graduating Senior
 - Must have a cumulative grade point average of 3.0 or higher
- ___ **2. Warner Robins Alumnae Chapter Faye Harden Scholarship (\$1,000)**
 - Must be a graduating Senior
 - Must be a Perry resident or attend a Historically Black College or University
- ___ **3. Warner Robins Alumnae Chapter Carolyn Buford Need to Succeed Award (\$1,000)**
 - Must be a graduating senior
 - Must have a cumulative grade point average of 2.75 or higher
 - Must demonstrate an economic need (household income below \$40,000)
 - * *Must present documentation of earned income or financial standing

**WARNER ROBINS ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
WARNER ROBINS, GEORGIA**

**SCHOLARSHIP APPLICATION
(Accepting Houston, Bleckley and Pulaski Counties' Applicants)**

(This form must contain accurate and legibly written information.)

PART I: PERSONAL DATA

Name _____
(Last) (First) (Middle)

Date of Birth _____
(Month) (Day) (Year)

Present Address:

(Number and Street) (City/County/State) (Zip Code)

Telephone Number () _____

Email Address _____

Name and Address of Applicant's High School:

***INDICATE AS FOLLOWS THE NAME AND ADDRESS OF THE COLLEGE
OR UNIVERITY THAT YOU PLAN TO ATTEND:**

****If your college of choice changes prior to acceptance of an award, please notify the
Warner Robins Alumnae Chapter as soon as possible. Lack of notification could
result in the loss of scholarship.***

PART II: FAMILY DATA

Mother(s) Name _____

Mother(s) Occupation _____

Mother(s) Business Address _____

Father(s) Name _____

Father(s) Occupation _____

Father(s) Business Address _____

Son/Daughter of member of Warner Robins Alumnae Chapter of Delta Sigma Theta Sorority, Inc. { } Yes { } No

Salary: Parent's combined yearly income (select only one)

- | | |
|---------------------------|----------------------------|
| _____ \$00,000 - \$09,999 | _____ \$ 60,000 - \$69,999 |
| _____ \$10,000 - \$19,999 | _____ \$ 70,000 - \$79,999 |
| _____ \$20,000 - \$29,999 | _____ \$ 80,000 - \$89,999 |
| _____ \$30,000 - \$39,999 | _____ \$ 90,000 - \$99,999 |
| _____ \$40,000 - \$49,999 | _____ \$100,000 - Above |
| _____ \$50,000 - \$59,000 | |

****A proof of income, tax return, W2 form, or appropriate documentation must be provided to apply for the Need to Succeed Award. (Please mark out Social Security number and bank information).***

List the name and age of all children living in the home.

Full Name	Age	Full Name	Age
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

Number of children in school _____ Number of children in college _____

Write a summarized statement to explain your need to obtain financial assistance to attend college.

PART III: SCHOOL DATA

How are you ranked in your senior class? (e.g., 10th out of a class of 250)

What extracurricular activities have you participated in within the past three years? (e.g., school, church, work, and community) Please list the involvement (s) and your leadership positions – past and present.

What honors, awards, and scholarships have you received?

What is your desired college major (e. g, mathematics, education, business, medicine, and engineering) and what are your career plans/goals?

Additional Comments:

PART IV: ESSAY

Explain your interest to provide worthwhile contributions and community services at present and in the future.

This essay must be prepared in Microsoft Word and adheres to and formatted as the following:

- One to two pages typed – no handwritten essays.
- Double line spacing
- Times New Roman font---12-point size.
- Margin of 1 inch all around
- Assessment for appearance, grammar, and spelling

I certify that all information in this application is accurate, complete, and may be verified upon request. I also understand by signing the application, I am giving Warner Robins Alumnae Chapter of Delta Sigma Theta Sorority, Inc permission to post my picture on the chapter’s social media pages and publications.

Student’s Signature

Date

Parent’s Signature

Date

Please mail completed application to:

**Warner Robins Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Attn: Cathy D. Johnson/Michele Boone
P.O. Box 6861
Warner Robins, Georgia 31095-6861**

Scholarship Application Checklist

- _____ 1. Application enclosed (*handwritten essays will not be reviewed*)
- _____ 2. A copy of student's *official high school transcript* included.
- _____ 3. A valid copy of your SAT I, ACT scores, and if applicable, the ASSET/COMPASS test scores.
- _____ 4. Two (2) *reference letters* on stationery with letterhead
 ___ (1) Applicant's assigned teacher, counselor or administrator
 ___ (1) Applicant's church, work, or civic organization
- _____ 5. Check type of scholarship selected on the *Requirements Form*
- _____ 6. Proof of parent(s) income, tax return, W2 form, or appropriate documentation for Need to Succeed Award only. (Please mark out Social Security number and bank information).
- _____ 7. One-to-two-page essay enclosed (minimum of 500 words).
- _____ 8. This application package must be *postmarked by April 13, 2024.*
- _____ 9. Incomplete applications **WILL NOT** be evaluated.