

*Okaloosa County Alumnae Chapter
Of Delta Sigma Theta Sorority, Incorporated
Scholarship & Awards Program Application*

Eligibility and Requirements:

Applicants must be graduating high school seniors with a 2.5 or higher G.P.A., and who will be enrolled in a college or university during the 2023 - 2024 academic years. Applicants must also attend a high school within Okaloosa, Walton and Santa Rosa counties.

1. Application must include:

- ✓ A complete and signed application
- ✓ A letter of recommendation from a school official (administrator, teacher, or counselor)
- ✓ An official school transcript
- ✓ A wallet-sized photo (*The photo will not be returned*)

NOTES:

- **The application must be typed or legibly printed in blue or black ink.**
- **All information provided is subject to verification.**
- **Please mail all parts of the application in the same envelope.**
- **Incomplete and/or late applications will not be considered.**

2. Applications must be postmarked no later than 6 March.

**Mail to: Delta Sigma Theta Sorority, Inc.
 Okaloosa County Alumnae Chapter
 Attn: Scholarship Committee
 Scholarship & Awards Program
 P.O. Box 2612
 Fort Walton Beach, FL 32549**

3. All applicants with COMPLETE applications will be notified as to whether or not they have been selected as a recipient of the scholarship.

*For more information:
Contact Deborah Washington at debwash50@gmail.com or 850-240-0279*

*******Essay Question*******

Essay is 500 words in length, double spaced, 1 inch margins, typed. Please type and attach to application.

Question: “Discuss a special attribute or accomplishment that sets you apart from your peers.”

*******Statement of Affirmation*******

Statement: I affirm that all statements made in this application are true and correct to the best of my knowledge.

Signed: _____ **Date:** ___/___/___
(Applicant signature)

Signed: _____ **Date:** ___/___/___
(Parent/Guardian signature)

**All information provided is subject to verification.*

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I, _____, request that you complete this recommendation form, a requirement for my application for the Delta Sigma Theta Sorority, Inc., Okaloosa County Alumnae Chapter, Scholarship & Awards Program. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the Scholarship & Awards Program.

(Signature of Applicant and date)

Applicant's Name _____

Address _____ City _____ State _____ Zip _____

School Official Recommendation Form

The above student has applied for a scholarship being awarded by the Okaloosa County Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Scholarship & Awards Program. The selection committee is seeking a frank appraisal of the applicant's qualifications. The student's demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcome evidence. This appraisal is confidential and will not be seen by the applicant. Please attach an additional sheet if necessary.

(Printed name & Signature)

(Date)

PLEASE RETURN TO THE STUDENT IN A SEALED ENVELOPE

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Ensure the application is complete by verifying each item on the list below. Submit all elements of the application in the same envelope.

Ensure you have included

- **A complete and signed application, typed or written in blue or black ink**
- **Your signature and a parent/guardian signature on the application**
- **A current official transcript**
- **A wallet-sized or passport photo (**The photo will not be returned*)**
- **A sealed letter of recommendation from a school official**
- **Are ALL parts of the application in the same envelope?**
- **Have you postmarked the application package by 6 March?**