



2019 Rebecca Louise Robinson Scholarship Application

Delta Sigma Theta Sorority, Inc.
Flint Alumnae Chapter

Dear Applicant:

The Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is committed to helping young people succeed academically. This includes ensuring that students have access to the financial resources they need to obtain a college education. Scholarships are available to high school students attending a public, private, or parochial high school in Genesee County and Holly in Northern Oakland County. College, university or vocational institution students are also eligible to apply.

To be eligible to receive an award, recipients must have a grade point average of at least 2.5 (based on a 4.0 scale) and enroll in a full-time program at an accredited college, university, or an institution of equivalent accreditation during the 2019-2020 academic years. Verification of enrollment must be provided. Award recipients will be notified in April.

Scholarship Application Checklist

Use this checklist to make sure that you have submitted all the required materials to receive consideration for the scholarship. Incomplete applications will **not** be considered.

Your application **must** include the following documents:

- A completed application form (**all sections must be completed**)
- A parent/guardian's signature (required twice on page 4)
- Your signature at the end of the application
- HIGH SCHOOL APPLICANTS ONLY:** An official high school transcript (sealed envelope). ACT or SAT score must also be provided by counselor with their signature, if not on transcript.
- COLLEGE APPLICANTS ONLY:** An official college/university/vocational institution transcript (sealed envelope).
- Two (2) letters of recommendation (i.e. teacher, professor, counselor, principal, minister, employer, volunteer coordinator, community leader; family members excluded). All letters must be on letterhead to be accepted.
- A one - page essay highlighting your community service, leadership activities, college goals and career goals.
- A Photography Release form signed by your parent/guardian (see page 4).

Submit Completed Application to:

Attention: Scholarship Committee
Delta Sigma Theta Sorority, Inc.
Flint Alumnae Chapter
P. O. Box 13198
Flint, MI 48501

Access the official application online at www.flintdeltas.org

All Applications must be postmarked by March 1, 2019.



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Directions: Provide all information requested below.

I. Applicant Information			
First Name	Middle Name	Last Name	Gender
Street Address			
City		State	Zip
Home Phone	Cell Phone	Email Address	
Date of Birth (Month/Day/Year)	Are you a US citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a registered voter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
II. Parent/Guardian Information			
Name of Mother / Guardian(s)			
Mother/Guardian Address (if different from applicant)		City	State Zip
Mother's Occupation		Mother's Employer	
Name of Father / Guardian			
Father/Guardian Address (if different from applicant)		City	State Zip
Father's Occupation		Father's Employer	
III. High School Applicant Section Only			
High School			
High School Attending		Graduation Date (mm/dd/yyyy)	
Class Rank	Cumulative GPA	ACT / SAT Score	
College/University and Major			
Preferred College/University		Location (City, State)	
Intended Major/Field of Study		Intended Minor/Field of Study	
IV. College Applicant Section Only			
College Attending		Location (City, State)	
Classification (Sophomore, Junior, etc.)		Cumulative GPA	
Declared Major/Field of Study		Declared Minor/Field of Study	
Anticipated graduation date (mm/yyyy)		Degree to be conferred	



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V. Financial Need

Check the box below that best describes your family's combined gross income. Income should include employment, SSI, FIA, alimony, child support, disability, etc.

- \$0 - \$29,999
- \$30,000 - \$74,999
- \$75,000 or more

Dependent children in family (including self)

Number of dependent children currently attending a college/university

VI. Financial Awards and Scholarships

Have you applied for any other scholarships or grants? Yes No If so, please list the organization(s) and amount.

Scholarship, Loan, Grant, or Award Applied For	Amount
1.	
2.	
3.	
4.	
5.	
6.	
Total Amount of Awards Received	

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Hand delivered applications will not be accepted.



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I hereby certify that all the information provided in this application is accurate and current. I understand this application packet will be kept confidential, and all materials submitted become the final property of the Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Signature of Applicant

Date

Signature of Applicant's Parent or Guardian

Date

Photography Release Form

I understand that a recipient of the Rebecca Louise Robinson Scholarship from Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. may be photographed and therefore, a release must be signed to complete this application. **Please check one and sign below.**

As parent/guardian of _____, I give permission for Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (the "Chapter") to use a photograph(s) of my child for publication (i.e. on the chapter's website, newsletter or other media) associated with the Rebecca Louise Robinson Scholarship. I hereby irrevocably authorize the Chapter to use these photographs for the purpose of publicizing the Chapter's programs.

As parent/guardian of _____, I do not wish for the Chapter to use a photograph(s) of my child for publication.

Signature of Applicant's Parent or Guardian

Date