



**Johnston County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 2216, Smithfield, NC 27577
<https://www.johnstoncountydeltas.com/>**

January 21, 2020

Dear Applicant:

Congratulations on reaching this educational milestone!

The Johnston County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (JCAC) invites you to apply for our scholarship, awarded to graduating African American seniors in pursuit of post-secondary education, to assist with some of the financial obligations.

To be eligible to receive the scholarship, the applicant must: (a) be a graduating senior of a Johnston County High School; (b) have a minimum 3.0 GPA; (c) be pursuing an undergraduate degree from an accredited college, university or community college; (d) present evidence of official matriculation at the institution from the office of the registrar; (e) not be a child of a member of Johnston County Alumnae. If you meet the above criteria and are interested in receiving a scholarship, please submit a complete application packet.

A complete application packet must include all of the following:

- 1. A completed scholarship application form**
- 2. An official recent transcript**
- 3. Two (2) letters of recommendation on school letterhead in sealed envelopes with signature across the seal. One letter must be from a teacher in your area of interest, and one from another school official who knows about your general character.**
- 4. A copy of your SAT or ACT scores**
- 5. A short essay (one page – single spaced) explaining your educational/career goals and how you will strive to make a positive difference in our global society**
- 6. A recent wallet size photo**

The complete application packet must be received by March 13, 2020. The applicant must be available for a scheduled interview on April 4, 2020.

If you have questions, need assistance, or further information, please call (919) 841-3675. Please send the complete application packet to:

**Johnston County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
Attention: Scholarship Committee
P.O. Box 2216, Smithfield, NC 27577**

Sincerely,

Telia Virgin
Chapter President



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SCHOLARSHIP APPLICATION

Please PRINT or TYPE all information:

Full Name: _____

Birth Date: _____ / _____ / _____ First _____ Middle _____ Last _____
Gender _____ Race _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

High School: _____ Principal: _____

College Choice #1: _____ Major: _____

College Choice #2: _____ Major: _____

Name of Father/Guardian: _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

Name of Mother/Guardian: _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

Have you ever been employed: _____ Yes _____ No

Extracurricular/volunteer activities: (Include extracurricular/volunteer activities, offices held, and/or honors received.
Use an additional sheet if necessary): _____

Parent Signature

Applicant Signature