



# DELTA SIGMA THETA SORORITY, INC. 2022-2023 SCHOLARSHIP APPLICATION

## How to Apply:

1. Completely fill out the application in blue or black ink. **Do not** leave any blanks.
2. An **un-official** high school transcript, in a sealed envelope from the school registrar or you may have it emailed to: [narvella.mcelrath@gmail.com](mailto:narvella.mcelrath@gmail.com).
3. \*Two letters of recommendation, (*one from a school official and one from a community member*) on **official letterhead, signed by the originator**, and in a **sealed envelope** (*non-family members*).
  - a. A school official (*ex: teacher, principal, counselor, coach*).
  - b. A community member (*ex: Pastor, supervisor, volunteer coordinator*).
4. A **300-500 word essay**, 12 pt., Times New Roman font, and double spaced, addressing the following question:

***Using this definition, Fortitude: Strength of mind that enables one to endure adversity with courage.  
Please describe a time or situation where you had to use Fortitude.***

5. \*A recent photo (*not a selfie*), that may be used in chapter publications.
6. \*If you are **under the age of 18** you will need the signature of a parent/guardian.
7. Submit the completed application (*no blank sections*) with all supporting documents by the deadline of April 7, 2023 to:

**Wichita Alumnae Chapter of Delta Sigma Theta Sorority, Inc.  
P.O. Box 20289 • Wichita, Kansas 67208 or  
email to [narvella.mcelrath@gmail.com](mailto:narvella.mcelrath@gmail.com)**

***\*If application is incomplete, it will not be considered.***

## Qualifications:

All applicants must be:

1. A high school graduate from the Wichita Metropolitan Area (*Butler, Harvey, Sedgwick, Sumner and Kingman Counties*) at the end of the current academic year.
2. Hold a minimum 2.50 cumulative GPA on a 4.0 scale.
3. Hold a minimum 2.25 cumulative GPA on an Standards Referenced Grading scale.
4. Planning to enroll in an accredited 2 or 4-year college/university for the upcoming academic year.

## Please Note:

1. This is a one-time monetary award.
2. All scholarship applications will be reviewed by the Scholarship Committee.
3. Applicants with complete applications and who meet scholarship qualifications will be notified of date, time and location for interviews.
4. Scholarship winners will be notified of time and location of the recognition ceremony.

## Scholarship Application Information

Full Name	Last:	First:	Middle:
Mailing Address	Street Address:		Apt #:
	City:	State:	Zip:
Contact	Home#:	Cell#:	Email:
Ethnicity <i>(select all that apply)</i>	<input type="checkbox"/> African American	<input type="checkbox"/> American-Indian/Alaska Native	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other	
Emergency Contact	Name:	Phone:	Affiliation Name
Are you a child/grandchild of a member of Delta Sigma Theta Sorority, Inc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify name and chapter:	Affiliation Chapter

### High School Information

Name:	Graduation Date:	Cumulative GPA:
Academic Honors		
List two references and their affiliation	1.	
	2.	
How were you made aware of this scholarship? <input type="checkbox"/> School Counselor <input type="checkbox"/> Family/Friend <input type="checkbox"/> Church <input type="checkbox"/> Other		

### American College Test (ACT) Scores

English:	Math:	Reading:	Science:	Composite:	Did not take <input type="checkbox"/>
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### Extracurricular Activities/Interests *(include dates and offices held)*

		Did not participate <input type="checkbox"/>
Clubs		
Sports		
Art/Music		

### Community Service *(include type of service)*

		No Community Service <input type="checkbox"/>
Agency	Dates	Activities

### College Plans/Educational Intent

	<b>Accepted</b>	
Top three schools you are applying to	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Major Area of Study	<input type="checkbox"/> Unknown	

### Scholarship Committee

Chairperson	Narvella McElrath <i>(for questions you may contact):</i> <a href="mailto:narvella.mcelrath@gmail.com">narvella.mcelrath@gmail.com</a>
Committee Members	Brenda (Ms. B) Burkhalter • Ly'Teesha Martin • Donna Simpson Samone Thomas • Alicia Thompson • Marlana Walker
Ex-Officio Member	Gwynne Birzer, Chapter President

By signing below, you certify that the above information is factual and true to the best of your knowledge. You also understand that you are subject to disqualification in the event that the above information is found to be falsified.

<input type="checkbox"/> All questions answered	<input type="checkbox"/> HS Transcript	<input type="checkbox"/> 2 Recom. Letters	<input type="checkbox"/> Essay	<input type="checkbox"/> Recent photo
Student Signature:			Date:	
*Parent/Guardian:			Date:	

*\*If you are under the age of 18 you will need the signature of a parent/guardian.*