



**Asheville Alumnae Chapter**  
**Delta Sigma Theta Sorority, Inc.**  
P.O. Box 906, Asheville, NC 28802

March 18, 2024

To Whom It May Concern:

The Asheville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is an organization of college-educated women committed to constructive development of its members and to service, with a primary focus on male and females in the African American community. Each year, our sorority offers scholarships to deserving high school seniors seeking higher education in a college or university. Therefore, we hope that those high school seniors with a desire to further their education will apply. There will be two scholarship awards in the amount of \$3,000 each (two installments per school year).

**Requirements for Application**

- ❖ Students must have applied to a four-year college or university for the scholarship year. A copy of the acceptance letter from the four-year college or university must be submitted with the application by the applicant to the Scholarship Committee.
- ❖ Resides in Buncombe County or the surrounding area and plans to graduate by June 2024.
- ❖ Students must have at least a cumulative “C” average. **An official high school transcript (with school seal and signature)** of current grades must be submitted with the application.
- ❖ Two (2) letters of recommendation must be submitted from the following individuals:
  - Past or present teacher, principal, or counselor
  - Sponsor of an organization (school or non-school) in which the applicant has been active

**Completed applications must be postmarked by APRIL 19, 2024 and must be mailed to:**

Asheville Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attn: Scholarship Committee  
P.O. Box 906  
Asheville, NC 28802

Incomplete applications will not be reviewed.

Thank you for your interest in our scholarship program.

Sincerely, Cici Weston, Chair – Scholarship Committee

***Delta Sigma Theta Sorority, Inc.***  
***Asheville Alumnae Chapter***  
***Dedicated to Sisterhood, Scholarship & Service***

College Scholarship  
Application



Application Deadline:  
APRIL 19, 2024

\*Must be postmarked by April 19, 2024

For more information contact:

Cici Weston ~ [aacscholarshipcmte@gmail.com](mailto:aacscholarshipcmte@gmail.com)

Delta Sigma Theta Sorority, Inc. is a public service organization with more than 250,000 members in over 1,000 chapters in the United States and abroad. We work to eradicate educational, social, and economic inequities. Our annual scholarship is part of a larger commitment to provide encouragement and support to African-American students who choose higher education as their goal.

**Delta Sigma Theta Sorority, Inc.**  
**A Public Service Sorority Founded in 1913**  
**Asheville Alumnae Chapter**

Scholarship Application - All information will remain confidential.

NAME: \_\_\_\_\_  
                    FIRST                                    MIDDLE                                    LAST

ADDRESS: \_\_\_\_\_  
                    STREET                                    CITY/STATE                                    ZIP

HOME PHONE/ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX:  MALE  FEMALE

SCHOOL: \_\_\_\_\_

\*WEIGHTED GPA: \_\_\_\_\_ \*UNWEIGHTED GPA: \_\_\_\_\_  
\*REQUIRED

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_

WITH WHOM DO YOU RESIDE?  FATHER  MOTHER  BOTH  OTHER  
IF OTHER, PLEASE EXPLAIN.  
\_\_\_\_\_

FAMILY YEARLY INCOME (No tax documents needed):

\$0 - \$10,000  \$10,001 - \$20,000  \$20,001 - \$30,000

\$30,001 - \$40,000  \$40,001 - \$50,000  \$50,001 +

TOTAL NUMBER OF DEPENDENT CHILDREN IN THE HOUSEHOLD  
(INCLUDING SELF): \_\_\_\_\_

TOTAL NUMBER OF DEPENDENT CHILDREN ATTENDING COLLEGE NEXT  
FALL: \_\_\_\_\_

LIST IN ORDER OF PREFERENCE FOUR COLLEGES TO WHICH YOU HAVE APPLIED.

- |          | ACCEPTED                     |                             |
|----------|------------------------------|-----------------------------|
| 1. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

INTENDED MAJOR: \_\_\_\_\_

INTENDED MINOR: \_\_\_\_\_

CAREER GOALS: \_\_\_\_\_

\_\_\_\_\_

LIST THE FINANCIAL AID FOR WHICH YOU HAVE APPLIED AND THE RESULTS:

- |          | AWARDED                      |                             |
|----------|------------------------------|-----------------------------|
| 1. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP? \_\_\_\_\_

\_\_\_\_\_

LIST HIGH SCHOOL ACADEMIC AWARDS AND HONORS. (Attach additional page if needed.)

\_\_\_\_\_

\_\_\_\_\_

LIST YOUR COMMUNITY ACTIVITIES (NON-SCHOOL RELATED), INCLUDE OFFICES HELD. (Attach additional page if needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST EXTRA-CURRICULAR SCHOOL ACTIVITIES (ATHLETICS, CLUBS),  
INCLUDE OFFICES HELD. (Attach additional page if needed.)

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PLEASE LIST ANY EMPLOYMENT POSITIONS HELD OUTSIDE OF SCHOOL.

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**PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION AND  
PLACE IT IN ONE ENVELOPE:**

1. **Essay: Why should the scholarship be given to you as opposed to another student?** Essay must be at least 700 words. Discuss any obstacles that you have overcome, indicating how each has impacted your life and your decision to pursue a college education. Please provide the committee with any pertinent information you would like us to consider in reviewing your application. Please include **your name at the top of the essay**. It must be typed using a **12-point font of Times New Roman or Arial, double-spaced with a 1-inch margin**.
2. A recent **2x3 headshot** that is clear and could be used for publication. Please print your name on the back of your photograph.
3. The application must **be signed and dated by you and a parent/guardian**.

**READ CAREFULLY BEFORE SIGNING:**

It is understood that false statements on this application shall be sufficient grounds for rejection of this application. I, \_\_\_\_\_, certify that all information given is accurate.

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**Applicant's Signature**

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**Date**

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**Parent or Guardian's Signature**

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**Date**

**Please submit completed application to:**

Asheville Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attn: Scholarship Committee  
P.O. Box 906  
Asheville, NC 28802

All materials must be postmarked by **April 19, 2024**.

**Hand-delivered applications will not be accepted.  
Late or incomplete applications will not be considered.**

**This is a one-time scholarship award.**