Dear Graduating Senior,

We are pleased you are considering applying for a scholarship offered by Delta Sigma Theta Sorority, Inc. Delta Sigma Theta is an international public service organization founded at Howard University in 1913. The Waycross Alumnae Chapter is one of more than 900 chapters in the sorority throughout the world. The purpose of the scholarship is to acknowledge the scholastic, service and community accomplishments of graduating high school students.

ELIGIBILITY

- Have a 3.0 GPA (cumulative) or better on a 4.0 scale
- Be a citizen of the United States
- Graduate from a high school in the chapter's service area, which includes Ware, Pierce, Coffee
- Plan to attend a college or university in the Fall of 2026 (verification of enrollment will be required)

REQUIRED MATERIALS

- Completed and signed application (including photo and release form).
- Official high school transcript
- Two one -page letters of recommendation from individuals other than family members who are familiar with your accomplishments. Letters must be signed and should be on letterhead, when appropriate.
- Letter of acceptance to a college or other educational institution
- A typed essay answering the question: As you reflect on your educational and career goals, why do you think you would be a worthy recipient of this scholarship? (**Please type on a separate sheet. Your essay should be 500-750 words)**
- Signed Photo Release Form and a recent photo

IF ANY ITEM OR PORTION OF THE APPLICATION IS OMITTED, THE ENTIRE APPLICATION WILL BE DISQUALIFIED.

DEADLINE

Completed application packets must include all of the required materials in a single envelope. Packets must be postmarked **by Friday, April 3, 2026**

Please Mail Packets to:

Robin Young, Scholarship Committee Chairman
Waycross Alumnae Chapter Delta Sigma Theta, Inc
P.O. Box 237
Waycross, Georgia 31501

Scholarship Application

Personal Information

Student Name:_____ Birth Date:_____
(First) (Middle) (Last)

Permanent Mailing address_____City_____State_____Zip_____

Phone Number_____(Cell)_____(Home) Email Address_____

Race/Ethnicity_____
_____

Family Information

Father/Guardian Name_____
_Occupation_____

Address (If different than above)_____City_____State_____Zip_____

Phone Number_____(Cell)_____-(Home) Email Address_____

Mother/Guardian Name_____
_Occupation_____

Address (If different than above)_____City_____State_____Zip_____

Phone Number_____(Cell)_____-(Home) Email Address_____

ESSAY QUESTION

As you reflect on your educational and career goals, why do you think you would be a worthy recipient of this scholarship?

(Your essay should be 500-750 words, 12-point font and double-spaced.)

List your extra-curricular activities, offices held, and years of participation. Use an additional page if needed.

Club or Committee Name	List Offices Held	Dates of Participation

List community organizations of which you were a member (include community service, church work, etc.)

Organization Name	List Offices Held	Dates of Participation

List all honors or special recognition you have received in high school.

Name of Award or Recognition (with description)	Date Awarded

List your work experience.

Name of Employer	Position Held	Date of Employment

List your volunteer experience.

Example: Montgomery Hospital	Played with and read to participants in pediatric unit	Dates: April 2021-June 2022

What are your hobbies?_____

_____

_____

Identify the college(s) and location(s) where you have applied.

College or University Name	City and State	Applied or Accepted?

- Completed, typed application form with original signatures of student and parent/guardian

- Official high-school transcript (ACT/SAT scores and current GPA should be included)

- Two (2) signed letters of recommendation from non-family members

- Letter of Acceptance from college or educational institution.

  Note: An otherwise complete application will be reviewed without the mentioned Letter of Acceptance, however the letter must be sent to the sorority as soon as the applicant receives it. The letter must be received by the sorority no later than May 29, 2026 in order for the application to receive an award.

- Photo of Applicant

- Signed photo release form

- Essay- Typed 12-point font, double-spaced, 500-750 words

If awarded the scholarship, the recipient must provide proof of enrollment from the college or university in order to receive funds. Class schedule will not be accepted as proof of enrollment.

Permission to Use Photographs

RELEASE FOR MINOR CHILDREN (Under 18)

Participants in programs sponsored by the Waycross Alumnae Chapter of Delta Sigma Theta Sorority, Inc. are sometimes photographed and videotaped, or asked for photograph for use in future promotional and educational materials.

I authorize the Waycross Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to record the image and voice of the subject named below and give the Waycross Alumnae Chapter of Delta Sigma Theta Sorority, Inc. all rights to use these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising, and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Participant's Name:_____

Signature of Parent/Legal Guardian:_____

_____

(Address)

Date:_____