

*BERTHA PITTS CAMPBELL
SCHOLARSHIP APPLICATION*

DELTA SIGMA THETA

*Embracing
Sisterhood*  *Growing in Service*

SEATTLE ALUMNAE

*DELTA SIGMA THETA SORORITY, INC.
A PUBLIC SERVICE SORORITY*

SEATTLE ALUMNAE CHAPTER

*PO BOX 28046
SEATTLE, WA 98118*



Delta Sigma Theta Sorority, Inc.
Seattle Alumnae Chapter
Bertha Pitts Campbell Scholarship Information

2016-2017

Delta Sigma Theta Sorority, Inc. is an international public service organization composed of collegeeducated women predominantly of African-American descent. The membership of the sorority includes collegiate chapters located on university and college campuses, as well as citywide and graduate/alumnae chapters. The sorority is committed to public service projects in the AfricanAmerican community.

The Seattle Alumnae Chapter will award **Three (3) \$2000 scholarships** to women graduating from high school and pursuing higher education in recognition of one of twenty-two of the sorority's founders, the late Bertha Pitts Campbell. She exemplified outstanding leadership, academic excellence and community service in her lifetime and spent the remaining years of her life in Seattle.

ELIGIBILITY FOR THE BERTHA PITTS CAMPBELL SCHOLARSHIP

To be eligible for a Bertha Pitts Campbell Scholarship, applicants must:

- Be an African-American female
- Be a citizen of the United States
- Be a graduating high school senior
- Have a 2.5 cumulative grade point average or above
- Attend a college, university, and/or accredited technical/trade school in the year following their high school graduation
- Recipient may not be a child or grandchild of a member of Delta Sigma Theta Sorority, Inc.
- Demonstrate community service involvement
- Express a financial need
- Complete application and submit all required information as **one package** by the application deadline of **Monday, April 17, 2017**
- Note: All winners will be required to submit a photo, signed media release and brief biography within 48 hours of notification.**

Failure to complete ALL requirements of the application process will result in your disqualification for consideration.

APPLICATION PROCEDURES FOR THE BERTHA PITTS CAMPBELL SCHOLARSHIP

Please note that the scholarship application includes several forms. All of the forms must be completed and submitted as one packet to be considered for the Bertha Pitts Campbell Scholarship.



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Incomplete applications and applications that are not **postmarked** by **Monday, April 17, 2017** will not be considered for an award.

1. Complete the attached application. Please note that your completed application **MUST** include:

- Scholarship Application Form Official high school transcript
- Financial Information
- One Letter of Recommendation on letterhead from a member of your high school leadership team, which may include the principal, teacher, counselor, and/or coach.
- One Letter of Recommendation on letterhead from a community leader who is not a family member, which may include minister, coach, and/or mentor.
- Essay (500 words or less) describing your future career goals and how this award will assist you in achieving your goals.

Requests for an electronic version of the scholarship application will be taken at the following email address: info@seattledeltas.org

2. Submit the entire application package by the deadline (**postmarked BY APRIL 18, 2017**) to:

**Delta Sigma Theta Sorority, Inc.
Seattle Alumnae Chapter
Attn: Scholarship Committee
P. O. Box 28046
Seattle, WA 98118**

INSTRUCTIONS: Please read the entire application carefully before completing. Please type or use blue or black ink.

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____



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Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone/Cell Number: _____ Email: _____

Current School: _____

We would like to use awardees photos for historical and publicity purposes. If you are awarded a scholarship, do we have permission to use your photo? No Yes How did you learn about this award?

PLEASE TELL US ABOUT YOU

Please list the names of colleges, universities, and technical/trade schools where you have been accepted.

Name of Institution: _____ City and State: _____

Name of Institution: _____ City and State: _____

Name of Institution: _____ City and State: _____

Name: _____

In the space provided, please list your current school activities, athletics, hobbies and community service.

Name of Activity and/or Organization	Years of Participation	Hours per week/ weeks per year	Leadership positions held and/or notes



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Please select one activity from this list above and describe why it is meaningful to you or how you think it will help you advance your goals.

Please list any awards and honors you have received in the past four years:

Name: _____

ESSAY INSTRUCTIONS: In 500 words or less, please describe your future career goals and how this award will assist you in achieving your goals. (Use the space provided and/or attach a separate sheet of paper to the application).



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Name: _____

FINANCIAL INFORMATION: Please be as thorough as possible when completing this portion of the application. All information is confidential. If additional space is needed, please use the "Supplemental" sheet.

1. Please tell us about your parent(s)/guardian(s). *

Parent(s) / Guardian Name(s)	Occupation	Annual Salary (after taxes)

2. Please list siblings or other minors in your household. *

Name	Age	School

3. Is your parent(s)/guardian(s) able to assist you financially during your freshman year?

No Yes If Yes, how much support will be provided? _____

4. Please list all financial assistance/scholarships applied for or received to date. *

Available Funds

Grants

Estimated Expenses

Tuition

Source	Amount Sought	Status of Aid
		Received Pending
		Received Pending
		Received Pending
		Received Pending

5. What is your projected Budget for Freshman Year? *



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Scholarships Fees	_____		_____
Loans Room and Board	_____		_____
Parent(s)/Guardians	_____	Books and Supplies	_____
Summer earnings	_____	Transportation	_____
Other (describe)	_____	Other (describe)	_____
Total Available Funds	_____	Total Estimated Expenses	_____

* If additional space is needed, please use the "Supplemental" sheet.

Applicant's Declaration:

I, _____ have completed this application accurately and to the best of my ability.

(Applicant's Signature)

(Date signed by Applicant)

Parent/Guardian's Confirmation:

I, _____ confirm all financial information included in this application is current, complete and accurate.

(Signature of Parent or Guardian)

(Date signed by Parent/Guardian)

FINANCIAL INFORMATION SUPPLEMENTAL SHEET: Please be as thorough as possible when completing this portion of the application. All information is confidential. If you need additional space, please use the "Supplemental" sheet.

Name: _____

Parent(s) / Guardian(s)

Name	Occupation	Annual Salary (after taxes)

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Siblings –

Name	Age	School

Financial Assistance / Scholarships

Source	Amount Sought	Status of Aid
		Received Pending
		Received Pending
		Received Pending
		Received Pending

PROJECTED BUDGET

Describe Other Available Funds *

Describe Other Estimated Expenses *

Total Other *		Total Other *	

* Write total on Financial Information Sheet (page 7).