

Delta Sigma Theta Sorority, Inc.
Lexington (NC) Alumnae Chapter
Lucille Yarborough/Alice Henderson Memorial Scholarship
2023-2024 Application

Delta Sigma Theta Sorority, Inc. was founded on January 13, 1913 by twenty-two (22) collegiate women at Howard University to promote academic excellence and to help those in need. The founders of Delta Sigma Theta envisioned an organization committed to sisterhood, scholarship, service, and the social issues of that time. The major programs of the sorority are based on the organization's Five Point Programmatic Thrusts:

1. Economic Development
2. Educational Development
3. International Awareness and Involvement
4. Political Awareness and Involvement
5. Physical and Mental Health

The Lexington (NC) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. was chartered on April 26, 1985. The chapter established a scholarship in memory of chapter members Lucille Yarborough and Alice Henderson.

Lexington (NC) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. will award two (2) \$1000.00 scholarships annually to **females of African American/Black descent**. A female attending Lexington Senior High School will receive one scholarship. The second recipient will be from the Thomasville City or Davidson County School Systems.

To be eligible, the applicant must submit the following:

- An **official letter** of acceptance to attend a four (4) year accredited college or university for the upcoming fall semester.
- A Release Form signed by the applicant and parent(s) or legal guardian.
- An **official** high school transcript with the **seal/stamp** that includes the first semester grades with a minimum (weighed) GPA of 2.7 on a 4.0 scale.
- SAT/ACT score(s)
- A goal statement of a minimum of twenty-five (25) words.
- A 350-word essay (topics provided).
- A resume including all extracurricular activities from school, work, church, community, social or volunteer events.

- A one (1) page description (double-spaced) of all community service projects within the past year. Must include length of time you volunteered, number of times you volunteered, how often you volunteered, and your roles/responsibilities as a volunteer (ex: volunteered at the library as a desk clerk 4 hours/day on the first Tuesday of every month from January 2023 – December 2023).
- A list of all awards or certificates of achievement and the dates.
- A senior photo.
- Three (3) letters of recommendation:
 - a. One (1) **must be** from a teacher, counselor, or school official.
 - b. Two (2) **must be** from a non-family member (i.e., minister, mentor, youth leader, employer, etc.)
- Letters of recommendation include:
 - a. How do you know the applicant and how long have you known her?
 - b. Why the applicant deserves a scholarship from Delta Sigma Theta Sorority, Inc.
 - c. The applicant's strengths and areas of improvement needed.

The **deadline** to submit the Application Packet is **March 29, 2024**. Any exclusions of required information listed, or late entries will automatically disqualify the applicant for consideration for the scholarship. The Scholarship Committee will contact the top 5-6 applicants in April for a panel interview.

Application

(Please use 12pt Times New Roman Font and Black Color Font)

Applicant Information

Name: _____

Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Contact Number: _____

Email Address: _____

High School Currently Enrolled: _____

GPA (weighed): _____

Intended 4-year College/University: _____

Anticipated Major or Field of Study: _____

Essay

(Please use 12pt Times New Roman Font, Black Font Color and Double Spaced)

Please choose one (1) of the following essay topics and draft a minimum **350-word** essay.

Topic #1

Why should Delta Sigma Theta Sorority, Inc. award you our scholarship?

Topic #2

Delta Sigma Theta Sorority, Inc. is a public service organization. Expound on your public service as listed on your application.

Topic #3

Do you think Black History should be a mandatory requirement for high school graduation?

Topic #4

What do you think needs to be done to help solve the health issues in the black community (i.e. mental, physical, social, etc.)?

Checklist

To ensure that your application packet is complete prior to submitting, place a check mark or initial for each item that you have included.

1. ____ Scholarship Application Release Form signed and dated by the applicant, parent(s), or legal guardian.
2. ____ Three (3) original letters of recommendation signed and dated (no electronic signatures).
3. ____ An official sealed high school transcript.
4. ____ SAT/ACT scores.
5. ____ Goal Statement.
6. ____ Typed essay of 350 words minimum.
7. ____ Resume
8. ____ Community Service Projects
9. ____ Senior Photo
10. ____ Official letter of college acceptance

The information provided in my application packet is, to the best of my knowledge, complete and accurate. I understand that any false statement(s) in this application may disqualify me from consideration of the scholarship award. I also understand and agree that any information submitted in this application becomes the property of the Lexington (NC) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and will remain confidential.

Applicant's Signature: _____

Award Selection and Notification

1. The Scholarship Committee must receive all application materials **on or before March 29, 2024.**
2. Upon final review of the application packets, the committee will present the two (2) recipients to the chapter's Executive Board and chapter members for approval prior to notifying the recipients.
3. All scholarship recipients and their high school will receive an official letter of the award.

Scholarship Award Disbursement Policy

1. At the end of the recipient's first semester of college, it is **her** responsibility to submit to the scholarship chair an **official** copy of her grades.
2. The recipients must provide proof of registration for the next semester. An **official** letter from the Registrar's Office shall serve as an acceptable form of notification.
3. The recipients will receive the scholarship funds **after** the chair has received an **official** transcript of her grades.

Exclusion of ANY required information may disqualify the applicant.

Thank you for your interest in the Scholarship Program of the Lexington (NC) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. If you have any questions or need more information, please contact us at:

Theresa Scott, Scholarship Chair

ScholarshipIncac@gmail.com

Download Application

www.lexingtonnc1985.org

Upload Completed Application

ScholarshipIncac@gmail.com

PARENTAL/GUARDIAN AFFIRMATION

WAIVER AND RELEASE

I, _____ P a r e n t /Guardian, o n
b e h a l f o f

_____ ("Participant Minor
Child") do hereby release, waive, discharge, covenant not to sue and agree to hold
harmless Delta Sigma Theta Sorority, Incorporated ("Delta"), its officers, National
Executive Board, employees, members, local Chapters, representatives, agents,
affiliates, and assigns (collectively "Releases"), from any and all claims, demands,
and actions of any and every kind directly or indirectly arising out of, or relating in
any respect to Participant Minor Child's participation in the Chapter's Youth
Initiative.

My waiver and release of all claims, demands, actions, and liability shall include,
without limitation, any injury, illness, death, property damage or loss to the
Participant Minor Child which may be caused by any act, or failure to act, by the
Releases, unless such injury, illness, death, property damage or loss is a direct
result of the willful misconduct of any Releases. I understand that, without
limitation of the foregoing, neither Delta, nor the Program, shall be liable and each
is hereby released from all claims that may arise from loss or damage to the
Participant Minor Child's personal property.

As the Parent/Guardian, I hereby give my permission for my child to participate in
the Chapter's youth initiative (including planned activities), and I hereby attest,
under penalty of perjury, that I have the legal authority to authorize such
participation.

Signature: _____

Relationship to Participant: _____

Date: _____

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PHOTOGRAPH, MEDIA, AND VIDEO AUTHORIZATION
RELEASE FORM

I, _____ **P a r e n t** /Guardian,
o n b e h a l f o f

_____ ("Participant Minor
Child") give permission for the local Chapter of Delta Sigma Theta Sorority, Incorporated (the "Chapter") to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images ("Images") taken of my child during participation in Youth Initiative Program activities, without payment or any consideration and without notifying me in advance.

I also give permission for the Chapter to highlight my child's achievements and activities in efforts to promote the youth initiative program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and without notifying me. I understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's programs, including the Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any

other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I hereby certify that I am the Parent/Guardian, and I am authorized legally to give this consent, and do hereby give my consent without reservation to the foregoing on behalf of my child.

Signature: _____

Relationship to Participant: _____

Date: _____