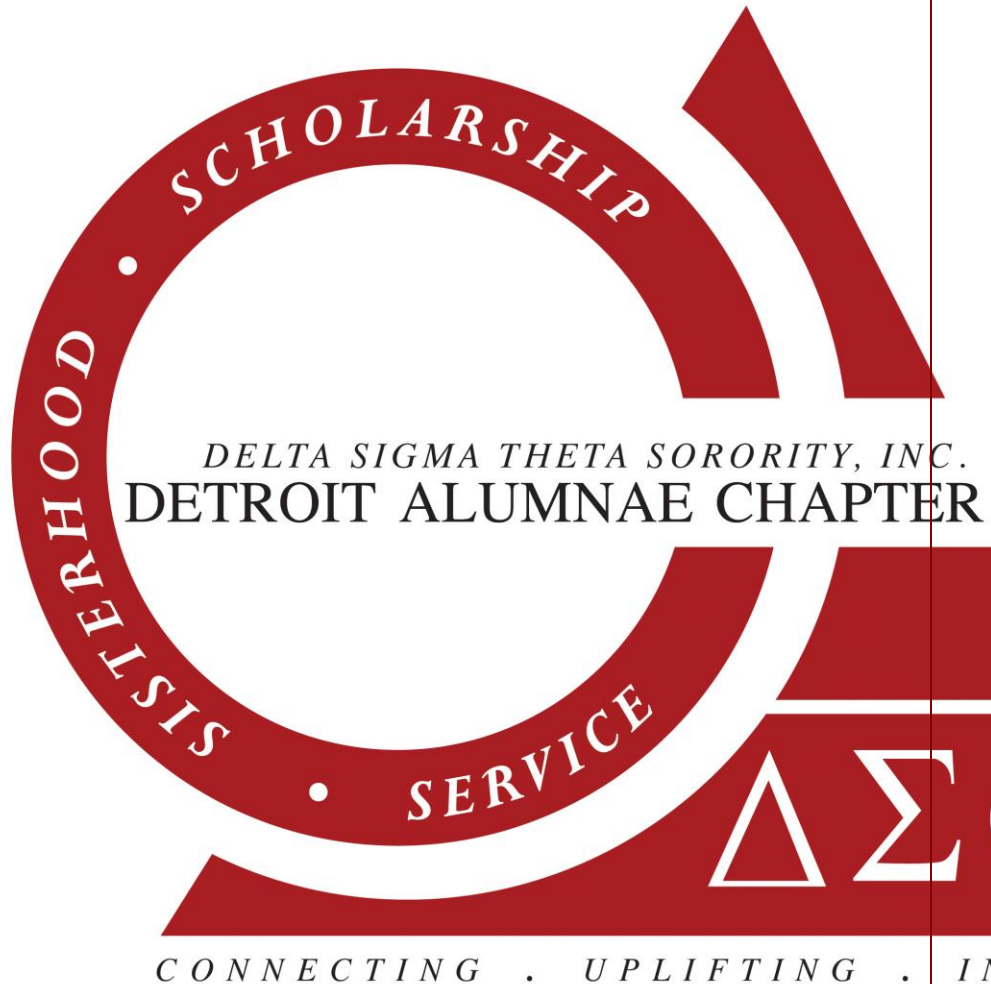




2016 Rebecca Louise Robinson Scholarship Application
Flint Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.

Flint Alumnae Chapter | PO Box 13198 | Flint, MI 48501



Scholarship Application

Dear Applicant:

The Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is committed to helping young people succeed academically. This includes ensuring that students have access to the financial resources they need to obtain a college education. Scholarships are available to students attending a public, private, or parochial high school within the Flint/Genesee County area.

To be eligible to receive an award, recipients must have a grade point average of at least 2.5 (based on a 4.0 scale) and enroll in a full-time program at an accredited college, university, or an institution of equivalent accreditation during the 2016-2017 academic years. Verification of enrollment must be provided. Award recipients will be notified in April.

[Scholarship Application Checklist](#)



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Use this checklist to make sure that you have submitted all the required materials to receive consideration for the scholarship. Incomplete applications will **not** be considered.

Your application **must** include the following documents:

- A completed application form (**all sections must be completed**)
- A parent/guardian's signature (required twice on page 4)
- Your signature at the end of the application
- An **official, signed** high school transcript (sealed envelope). **ACT score must also be provided by counselor with their signature, if not on transcript.**
- Two (2) letters of recommendation (i.e. teacher, counselor, minister, employer, volunteer coordinator, community leader; family members excluded). All letters must be on letterhead to be accepted.
- A one - page essay highlighting your community service, leadership activities, and college and career goals
- A Photography Release form signed by your parent/guardian (see page 4).

Submit Completed Application to:

Attention: Scholarship Committee
Delta Sigma Theta Sorority, Inc.
Flint Alumnae Chapter
P. O. Box 13198
Flint, MI 48501

Access the official application also online at www.flintdeltas.com

All Applications must be postmarked by March 1, 2016.

Directions: Provide all information requested below.

I. Applicant Information

First Name	Middle Name	Last Name	Gender
Street Address			
City	State	Zip	
Home Phone	Cell Phone	E-mail Address	
Date of Birth (Month/Day/Year)	Place of Birth (City and State)		



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High School			
High School Attending		Grade	Overall GPA
Address	City	State	Zip
College/University and Major			
Preferred College/University		Location (City and State)	
Intended Major/Field of Study		Intended Minor/Field of Study	
II. Parent/Guardian Information			
Name of Mother/Guardian			
Mother/Guardian's Address (if different from applicant's)		City	State Zip
Mother's Work Phone		Mother's Home/Cell Phone	
Mother's Occupation		Mother's Employer	
Name of Father/Guardian			
Father/Guardian's Address (if different from applicant's)		City	State Zip
Father's Work Phone		Father's Home/Cell Phone	
Father's Occupation		Father's Employer	



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III. Financial Need

Check the box below that best describes your family's combined gross income. Income should include employment, SSI, FIA, alimony, child support, disability, etc.

- | | |
|--|--|
| <input type="checkbox"/> \$0 - \$14,999 | <input type="checkbox"/> \$50,000 - \$74,999 |
| <input type="checkbox"/> \$15,000 - \$29,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$30,000 - \$49,999 | <input type="checkbox"/> \$100,000 or more |

Number of Dependent Children in Family

Number of Dependent Children Currently Attending a College/University

IV. Colleges and Universities

Name of School to Which You Applied	City/State	Status of Application
1.		
2.		
3.		
4.		

V. Financial Awards and Scholarships

Scholarship, Loan, Grant, or Award Applied For	Source	Amount Awarded vs. Expected
1.		
2.		
3.		
4.		
5.		
Total Amount Awarded (Received)		
Total Amount Expected (Not Received)		

All Applications must be postmarked by March 1, 2016.

Hand-delivered applications will not be accepted.



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I hereby certify that all the information provided in this application is accurate and current. I understand this application packet will be kept confidential, and all materials submitted become the final property of the Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Signature of Applicant

Date

Signature of Applicant's Parent or Guardian

Date

Photography Release Form

I understand that a recipient of the Rebecca Louise Robinson Scholarship from Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. may be photographed and therefore, a release must be signed to complete this application. **Please check one and sign below.**

As parent/guardian of _____, I give permission for Flint Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (the "Chapter") to use a photograph(s) of my child for publication (i.e. on the chapter's website, newsletter or other media) associated with the Rebecca Louise Robinson Scholarship. I hereby irrevocably authorize the Chapter to use these photographs for the purpose of publicizing the Chapter's programs.

As parent/guardian of _____, I do not wish for the Chapter to use a photograph(s) of my child for publication.

Signature of Applicant's Parent or Guardian

Date