



Delta Sigma Theta Sorority, Inc.

Richland County Alumnae Chapter

PO Box 777

Columbia, South Carolina 29202

February 1, 2022

Greetings Sorors,

The Richland County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is pleased to announce its 2022 Scholarship Program. This year our chapter will award one (1) collegiate level scholarship in the amount of **\$1,250** to a rising junior or senior who is a Delta soror and member of Iota Chi, Gamma Pi, Gamma Upsilon or Upsilon Chi chapter.

All applications will be screened based on financial need, GPA, community service and extracurricular activities, essay and the recommendation forms. The soror who applies must also be financial with Delta Sigma Theta Sorority, Incorporated for the 2021-2022 fiscal year **and submit proof of financial status for the 2022-2023 fiscal year before funds will be disbursed.**

All applications must be postmarked or submitted electronically by March 11, 2022 to be considered. All awards will be written out to the University the recipient is attending. The Richland County Alumnae Chapter reserves the right to withhold scholarships if false or misleading information is submitted.

We are excited about this opportunity to provide a scholarship to a collegiate soror in our community. Please contact Denise Collier, chairperson of our Scholarship & May Week Committee, to answer any questions you may have regarding our Scholarship Program via telephone at (803) 238-9155 or email at rca.scholarshipmayweek@gmail.com.

Thank you again for your participation in our Scholarship Program.

Sincerely,

Zenata Donaldson
Chapter President

Richland County Alumnae Chapter * Delta Sigma Theta Sorority Inc.

INSTRUCTIONS FOR APPLICANT

1. Attach the following to completed Application:
 - (A) An **ESSAY (250-word minimum & typed double spaced)** based on a response to **one** of the following essay questions. **(Note: Soror's name should be on each page of essay)**

Essay Option #1 - Delta Sigma Theta Sorority, Inc. is an organization committed to public service. How will you use your degree to impact the community in which you will live?

Essay Option #2 – How will you use the skills you have learned in your degree program to develop innovative programs that could address one or more facets of the sorority's Five (5) Point Programmatic Thrust?

 - (B) An official college transcript.
 - (C) A list of clubs, organizations, community service, and activities applicant has participated in along with all honors and/or awards received.
2. Two (2) **LETTERS OF RECOMMENDATION** (enclosed) to be completed and submitted by **one professor and one person in your community not affiliated with your university or college.**
3. The completed application **MUST** be **postmarked or submitted electronically** by **March 11, 2022**. Please refer to the Scholarship Application Checklist to ensure packet is accurate and complete before mailing.
4. Applications will be screened according to the following criteria:
 - a) Financial need
 - b) GPA
 - c) Recommendation Forms
 - d) Community Service and extra-curricular activities
 - e) Essay
 - f) Financial with Delta Sigma Theta for the 2021-2022 and 2022-2023 fiscal years
5. Scholarship recipient or designee must be present (virtually) at the Sorority's May Week Program on Thursday, May 5, 2022 at 6:00 pm. All awards will be forwarded to Allen University, Benedict College, Columbia College or the University of South Carolina.
6. Send completed application with attachments to:

**Richland County Alumnae Chapter
Delta Sigma Theta Sorority, Inc
ATTN: SCHOLARSHIP COMMITTEE
P.O. Box 777
Columbia, South Carolina 29202
Or submit electronically to: rca.scholarshipmayweek@gmail.com**

Scholarship Essay Rubric

The Scholarship Essay Rubric will be used to screen all essays submitted.

	Excellent	Very Good	Good	Weak
Content	<p>-Thoroughly Answered</p> <p>-All components of the question were answered in detail</p> <p>8 pts</p>	<p>-Very well answered</p> <p>-All components of the question were answered</p> <p>6 pts</p>	<p>-Sufficiently answered</p> <p>-Most components of the question were answered</p> <p>4 pts</p>	<p>-Poorly answered</p> <p>Information is not relevant to the topic</p> <p>2 pts</p>
Organization	<p>-Very well organized and logical</p> <p>-Transitions are consistently present and varied</p> <p>4 pts</p>	<p>-Well organized and logical</p> <p>-Transitions present, mostly varied and consistent</p> <p>3 pts</p>	<p>-Somewhat organized and logical</p> <p>-Transitions present but inconsistent and weak</p> <p>2 pts</p>	<p>-Lacks organization</p> <p>-No transitions present</p> <p>1 pt</p>
Spelling & Grammar	<p>Detailed attention Given to grammar structures and spelling</p> <p>4 pts</p>	<p>Attention given to grammar structures and spelling</p> <p>3 pts</p>	<p>Some attention given to grammar structures and spelling</p> <p>2 pts</p>	<p>Little attention given to grammar structures and spelling</p> <p>1 pt</p>

**RICHLAND COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.**

2022 COLLEGIATE SCHOLARSHIP APPLICATION

Soror Name: _____ Member# _____

Address: _____ City: _____

State: _____ Zip Code: _____ Contact# or Cell Phone _____

Email Address (print clearly): _____ Date of Birth: _____

College/University currently attending: _____ Major: _____

Delta Chapter Name : _____ Classification in Fall 2022: _____

Delta Advisor's Name: _____ Advisor Contact Number: _____

Expected Financial Aid Award Packet for Fall 2022 semester:

Scholarship Amounts: _____

Grant Amounts: _____

Loan Amounts: _____

Tuition including Room and Board Expenses: _____

Please give the names, addresses and telephone numbers of the two persons completing the letter of recommendation forms. **Family members should not serve as either of your references.**

1. Name: _____ Phone: _____

Address: _____
Street City State Zip Code

2. Name: _____ Phone: _____

Address: _____
Street City State Zip Code

I hereby declare that the information contained in this application is accurate and complete to the best of my knowledge.

Applicant's Signature

Applicant Advisor's Signature

Recommendation Form (Professor)

Applicant's Name: _____

How well do you know the applicant? (Please check one)

- Very well (More than one year)
 Fairly well (More than one semester)
 Not very well (Less than one semester)

Please evaluate the applicant using the statements provided below. Please check the statements, which best describe the applicant in relation to students, academics and extra-curriculum activities. Please check only one response for each statement.

	<u>Not</u>	<u>Below</u>	<u>Average</u>	<u>Above</u>
	<u>Observed</u>	<u>Average</u>	<u>Average</u>	<u>Average</u>
Makes friends easily.	_____	_____	_____	_____
Shows interest & concerns for the welfare of others.	_____	_____	_____	_____
Influences other students to work together.	_____	_____	_____	_____
Communicates effectively orally.	_____	_____	_____	_____
Communicates effectively in written work.	_____	_____	_____	_____
Sets an example of good conduct for other students.	_____	_____	_____	_____
Exerts maximum effort, showing a strong desire to achieve.	_____	_____	_____	_____
Shows self-control & performs well, even under pressure.	_____	_____	_____	_____
Adjusts to demanding schedule of activities without neglect to school work.	_____	_____	_____	_____
Seeks academic challenge beyond that required by normal course work.	_____	_____	_____	_____
Sets high standards for own performance.	_____	_____	_____	_____
Accepts constructive criticism & makes improvements from it.	_____	_____	_____	_____
Accepts full responsibility for personal shortcomings.	_____	_____	_____	_____
Teaches practical skills to others.	_____	_____	_____	_____
Participates in extracurricular activities.	_____	_____	_____	_____
Serves in leadership capacity in organizations on campus.	_____	_____	_____	_____
Is an all-around good volunteer and individual.	_____	_____	_____	_____

Briefly explain why you think applicant should receive this award. _____

Professor's Name: (Pleaser Print) _____

Email Address _____

Phone: _____

Professor's Signature: _____ Date: _____

Recommendation Form (Individual in Community)

Applicant's Name: _____

How well do you know the applicant? (Please check one)

- Very well (More than one year)
 Fairly well (More than one semester)
 Not very well (Less than one semester)

Please evaluate the applicant using the statements provided below. Please check the statements, which best describe the applicant in relation to students, academics and extra-curriculum activities. Please check only one response for each statement.

	Not <u>Observed</u>	Below <u>Average</u>	Average <u>Average</u>	Above <u>Average</u>
_____	_____	_____	_____	_____
Demonstrates interest in community.	_____	_____	_____	_____
Shows interest & concerns for the welfare of others.	_____	_____	_____	_____
Influences other students to work together.	_____	_____	_____	_____
Communicates effectively orally.	_____	_____	_____	_____
Communicates effectively in written work.	_____	_____	_____	_____
Sets an example of good conduct for other students.	_____	_____	_____	_____
Exerts maximum effort, showing a strong desire to achieve.	_____	_____	_____	_____
Shows self-control & performs well, even under pressure.	_____	_____	_____	_____
Makes friends easily.	_____	_____	_____	_____
Is a positive role model.	_____	_____	_____	_____
Accepts constructive criticism & makes improvements from it.	_____	_____	_____	_____
Accepts full responsibility for personal shortcomings.	_____	_____	_____	_____
Teaches practical skills to others.	_____	_____	_____	_____
Seeks challenges beyond those normally required.	_____	_____	_____	_____
Eagerly volunteers to help out.	_____	_____	_____	_____
Exhibits strong moral character.	_____	_____	_____	_____
Is an all-around good volunteer and individual.	_____	_____	_____	_____

Briefly explain why you think applicant should receive this award. _____

Evaluator's Name: (Please Print) _____

Email Address: _____

Phone: _____

Evaluator's Signature: _____ Date: _____

*Richland County Alumnae Chapter * Delta Sigma Theta Sorority, Inc.*
*Post Office Box 777 * Columbia South Carolina 29202*
Website: www.richlandcountydeltas.org

Richland County Alumnae Chapter * Delta Sigma Theta Sorority Inc.

Community Service Club/Organization Form

List all school, community and church clubs, organizations and activities you have been involved in since your freshman year. **Advisor or Sponsor's signature required for verification and credit.**

Community Service Clubs/Organizations	Date Involved	Office Held	Year(s) Office Held	Sponsor/Advisor Signature (REQUIRED)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

List all honors and awards received from school and community clubs, organizations and activities. **Advisor or Sponsor's signature required for verification and credit.**

Honors or Awards	Date of Honors or Awards	Advisor or Sponsor's Signature (REQUIRED)
1.		
2.		
3.		
4.		
5.		



2022 COLLEGIATE SCHOLARSHIP APPLICATION CHECKLIST

Please verify your application is accurate and complete by ensuring all information below is in your packet when submitted:

- ❑ Application signed and all information complete
- ❑ Official college transcript enclosed
- ❑ Recommendation Forms enclosed, signed, and completed by a professor and an individual in the community
- ❑ 250-word minimum essay (typed double spaced) enclosed.
Soror's name should be on each page of the essay
- ❑ Community Service/Club/Organization form completed with dates of participation and all activities signed by your advisor or sponsor

REMINDER: Completed applications must be postmarked or submitted electronically by March 11, 2022 in order to be considered for scholarships. Incomplete applications will be disqualified.