



2024 Scholarship Application

For Students with GPA above 3.0

APPLICATION DEADLINE:
April 7, 2024

For additional information contact:
Scholarship Committee Chair
Scholarship@dstpvac.org

Delta Sigma Theta Sorority, Incorporated is a public service organization of black, college educated women that strives to improve the condition of African Americans and, in so doing, build a stronger more just country for all Americans. During its 110-year history, the organization has developed an extensive array of public service projects through its Five-Point Programmatic Thrust of Economic Development, Educational Development, International Awareness and Involvement, Physical and Mental Health, and Political Awareness and Involvement.

Since its chartering in 1985, the Potomac Valley Alumnae Chapter of Delta Sigma Theta Sorority, Inc. has served the Greater Montgomery County, Maryland area. The chapter continues to address the conditions of low-income communities, with a particular focus on African American communities.

Scholarships will be awarded to Montgomery County High School graduating seniors based on the following criteria:

- Δ Community Service
- Δ Academic Achievement
- Δ Personal Statement
- Δ Financial Need

The minimum award will be \$1,000.

For more information on our programs and a link to the application visit our website at www.dstpvac.org . A copy of the application is also attached to this notice.

Brooke G. Holmes
Brooke G. Holmes, President

Minnjuan W. Flournoy Floyd, PhD
Minnjuan W. Flournoy Floyd, PhD
Chair, Scholarship Committee

Application Criteria

Applicant must:

1. Be a high school senior who lives in or attends school in the communities of Potomac, Bethesda, Chevy Chase, Gaithersburg, Germantown, Rockville, Poolesville, Darnestown, or Seneca.
2. Not be a daughter/son of a member of the Potomac Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated.
3. Have an overall unweighted GPA above 3.0.
4. Be enrolled full-time in an accredited institution by Fall 2024, seeking an Associate or Bachelor's degree.

In addition to the application, applicants must submit:

1. Two reference letters on official organization letterhead, one school-based and one community-based, not associated with the school the applicant attends. Letters from relatives are not permissible.
2. A personal statement.
3. A current official academic transcript mailed directly from the applicant's school to the Chapter's PO Box (address found below). The official, sealed transcript must be postmarked by April 7, 2024.
4. A copy of the 2024-2025 Free Application for Federal Student Aid (FAFSA) submission summary

All items listed above must be included in the application package (except the transcript, which must be sent separately), along with signatures from the applicant, parent/guardian, and the counselor. Omission of any of these items will exclude the applicant from consideration.

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

Completed applications can be either mailed or received electronically **no later than 11:59p (Eastern time), April 7, 2024.**

Mailed applications **must be postmarked by April 7, 2024 and must be sent to:**

Scholarship Committee Chair
Potomac Valley Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated
P.O. Box 59653
Potomac, Maryland 20859

Potomac Valley Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated
A Public Service Sorority

2024 Scholarship Application

Type The Requested Data Below:

Applicant Name: _____

Applicant Home Address:

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Date of Birth: _____
(Month/Day/Year)

Parent/Guardian(s): _____

High School: _____

Current Unweighted Grade Point Average: _____

Student Service-Learning Hours Earned: _____

College/University Planning to Attend: _____

Intended Major/Course of Study: _____

Anticipated High School Graduation Date: _____

Counselor contact information and Certification/Signature: _____

Applicant: _____

POTOMAC VALLEY ALUMNAE CHAPTER SCHOLARSHIP APPLICATION

Print additional forms as needed

COMMUNITY SERVICE List all community service activities									
COMMUNITY SERVICE ACTIVITIES	Year(s) of Participation Check the box corresponding to each year participated/served				Leadership List any titles or positions of leadership held	Year(s) of Leadership In which years did you serve in a position of leadership?			
	FR	SO	JR	SR		FR	SO	JR	SR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Applicant _____
POTOMAC VALLEY ALUMNAE CHAPTER SCHOLARSHIP APPLICATION
Print additional forms as needed

HONORS/AWARDS List all awards received					
HONORS/AWARDS	ORGANIZATION List the organization granting the honor or award	Year(s) Honor/Award Received			
		<input type="checkbox"/> FR	<input type="checkbox"/> SO	<input type="checkbox"/> JR	<input type="checkbox"/> SR
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		<input type="checkbox"/> FR	<input type="checkbox"/> SO	<input type="checkbox"/> JR	<input type="checkbox"/> SR
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Applicant _____
POTOMAC VALLEY ALUMNAE CHAPTER SCHOLARSHIP APPLICATION
Print additional forms as needed

EXTRACURRICULAR/CO-CURRICULAR ACTIVITIES <small>List all activities</small>									
EXTRACURRICULAR/ CO-CURRICULAR ACTIVITIES	Year(s) of Participation Check the box corresponding to each year participated/served				Leadership List any titles or positions of leadership held	Year(s) of Leadership In which years did you serve in a position of leadership?			
	<input type="checkbox"/> FR	<input type="checkbox"/> SO	<input type="checkbox"/> JR	<input type="checkbox"/> SR		<input type="checkbox"/> FR	<input type="checkbox"/> SO	<input type="checkbox"/> JR	<input type="checkbox"/> SR
	<input type="checkbox"/> FR	<input type="checkbox"/> SO	<input type="checkbox"/> JR	<input type="checkbox"/> SR		<input type="checkbox"/> FR	<input type="checkbox"/> SO	<input type="checkbox"/> JR	<input type="checkbox"/> SR
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Parent/Guardian Printed Name: _____

Parent/Guardian Signature and Date: _____

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P.O. Box 59653
Potomac, Maryland 20859

Instructions for Personal Statement:

Tell us about yourself. Feel free to share your positive qualities, accomplishments, work experience, internships, volunteer work, leadership experience, extracurricular activities, or personal problems you have overcome. What do you want to study or pursue during this next phase of your academic career and why? How will this scholarship help you? Your personal statement must be typed using 12-pt Times New Roman or Arial font, use 1 inch margins, and should not exceed 2 pages.

Photo Release

I understand that my child may be photographed in connection with the application for the scholarship awards offered by the Potomac Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. I give permission for Potomac Valley Alumnae Chapter to publish on the Internet or media still photographs (“Images”) that may be taken of my child without payment or any consideration and without notifying me. I understand and agree that these Images will become the property of Potomac Valley Alumnae Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize Potomac Valley Alumnae Chapter to publish or distribute these Images for the purpose of publicizing Potomac Valley Alumnae Chapter’s scholarship program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product in which 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 Potomac Valley Alumnae Chapter and any of its officers and members, Delta Sigma Theta Sorority, Inc, its officers; National Executive Board, employees; members from any and all claims, cost, suits, actions, judgments, and expenses which my child or any other persons acting on his or her behalf have or may have by reason of the use of the Images.

Parent/Guardian Printed Name and Signature

Date

Parent/Guardian Email Address

Date

Certification

I hereby certify that the information provided in this application is accurate and current and that the Applicant is not the parent, child, or sibling of a member of the Potomac Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. I understand this application packet will be kept confidential. All material submitted becomes the final property of the Potomac Valley Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I understand that submission of inaccurate or incomplete information will result in disqualification or forfeiture of any award.

Applicant Signature

Date

Parent/Guardian Printed Name and Signature

Date

Checklist

- ☐ Completed Scholarship Application (with all signatures)
- ☐ One Community-Based Letter on official organization letterhead (not associated with the school)
- ☐ One School-Based Letter on official organization letterhead (letters from relatives are not permissible)
- ☐ A personal statement
- ☐ A current official, sealed academic transcript (mailed separately, directly from the school)
- ☐ A copy of the 2024-2025 Free Application for Federal Student Aid (FAFSA) submission summary