BERTHA PITTS CAMPBELL SCHOLARSHIP APPLICATION



DELTA SIGMA THETA SORORITY, INC. A PUBLIC SERVICE SORORITY

SEATTLE ALUMNAE CHAPTER

PO BOX 28046 SEATTLE, WA 98118

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Delta Sigma Theta Sorority, Inc. Seattle Alumnae Chapter Bertha Pitts Campbell Scholarship Information 2017-2018

Delta Sigma Theta Sorority, Inc. is an international public service organization composed of college-educated 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 African-American 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 the
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 16, 2018
Note: All winners will be required to submit a photo, signed media release and brief
biography within 48 hours of notification.
IMPORTANT - All awards will be paid to the college/university during the first year
following the winners' high school graduation or the scholarship will be forfeited

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

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<u>APPLICATION PROCEDURES FOR THE BERTHA PITTS CAMPBELL SCHOLARSHIP</u>

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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. Incomplete applications and applications that are not **postmarked** by **Monday, April 16, 2018** will not be considered for an award.

•	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 emai address: info@seattledeltas.org

2. Submit the entire application package by the deadline (postmarked BY APRIL 16, 2018) 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:			
Street Address:				
City:	State:	Zip Code:		
Telephone/Cell Number: ()Emai	il:			
Current School:				
We would like to use awardees photos for historical a do we have permission to use your photo? \square No \square		poses. If you are awarded a scholarship,		
How did you learn about this award?				
PLEASE TELL US ABOUT YOU				
Please list the names of colleges, universities, and tecl	hnical/trade scho	ools where you have been accepted.		
Name of Institution:		_ City and State:		
Name of Institution:		_ City and State:		
Name of Institution:		_ City and State:		



Name of Activity	Years of	Hours per week/	Leadership positions hel
and/or Organization	Participation	weeks per year	And/or notes
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ou advance your goals.			ou or how you think it will
list any awards and honors you h			ou or how you think it will



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).



Name:			
FINANCIAL INFORMATION: Please be	as thorough a	as possible when complet	ing this portion of the
application. All information is confident	_		g p
Please tell us about your parent(s)/c	uuardian(s) If v	you need more space for t	this item inlease use the back of
this page.	juarulari(3). Ir y	od need more space for t	inis item, piease use the back of
Parent/Guardian Name		Occupation	Annual Salary (after taxes)
		•	•
Please list siblings or other minors in	a vour bousab	ald	
2. Please list siblings or other minors in Name	Age	oid.	School
Name	7.90		50.1001
2 1 (2)			2
3. Is your parent(s)/guardian(s) able to	assist you find	ancially during your freshr	man year?
☐ No ☐ Yes If Yes, how much supp	ort will be pro	vided?	
A Discontinuo II financial accietano (cab		li - d £ d £ d-£	
4. Please list all financial assistance/sch please use the back of this page.	ioiarsnips app	lied for or received to dat	e. If you need more space
Source		Amount Sought	Received (Yes or Pending)?
			3,
5. What is your projected Budget for F	reshman Year	?	
Available Funds		Estimated Expenses	
Grants		Tuition	
Scholarships		Fees	
Loans		Room and Board	
Parent(s)/Guardian(s)		Books and Supplies	
Summer earnings		Transportation	
Other (describe)		Other (describe)	
Total		Total	



Applicant's Declaration:	
l,	have completed this application accurately and to the best of my ability.
Applicant Signature:	Date:
Parent's/Guardian's Confirmat	tion:
l,complete, and accurate.	_ confirm all financial information included in this application is current,
Parent(s)/Guardian(s) Signature:	Date:

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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)