

**FORT WORTH ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INCORPORATED
BARBARA JORDAN SCHOLARSHIP APPLICATION 2018**

The scholarship application deadline March 1, 2019 - NO LATE APPLICATIONS ACCEPTED.

Please type or write (legibly) your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Contact Number: () Email Address: _____
4.	Cumulative Grade Point Average (GPA): _____ (Please confirm if it's a 4.0 or 5.0 scale) Please attach proof of GPA (your most recent school transcript is required)
5.	Name and location of high school attending:
6.	A. List any academic honors, awards and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: C. List your non-school sponsored volunteer activities in the community: *You may add additional activities on a blank sheet and attach to application
7.	Please list the college/university you plan to attend or college(s) you have applied to: List major and/or career interest you plan to pursue:
8.	Two letters of recommendation are required – 1 letter is to be written by a current/former teacher, counselor, or principal and 1 letter is to be written by a community contact (church, volunteer organizations or employer); please list the names, contact number and title of references below: A. B.

<p>9. On a separate sheet please write an essay (750 – 1,000 words) answering the questions below: How will attending college and pursuing your career choice, impact the lives and/or culture of African-Americans and/or African-American culture in Texas?</p>
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STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that by participating in this scholarship contest that my picture may be taken and used to promote the organization's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ Date: _____

Checklist

- Application
- Essay
- Photo/Video Release Form
- School Transcript
- Letters of Recommendation

MAIL COMPLETE APPLICATION PACKAGE TO:

**Barbara Jordan Scholarship
c/o Delta Sigma Theta Sorority, Inc.
P.O. Box 1911
Fort Worth, TX 76101**