FREDERICK COUNTY ALUMNAE CHAPTER DELTA SIGMA THETA SORORITY, INC.



P.R.O.M.I.S.E SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: March 12, 2021

Submit completed application (in its original format) along with attachments, official transcript, photo and recommendations postmarked by March 12, 2021.

MAILING ADDRESS

FREDERICK COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
P.O. BOX 1234
FREDERICK, MD 21702

WWW.DSTFCACMD.ORG

P.R.O.M.I.S.E SCHOLARSHIP APPLICATION

(P.R.O.M.I.S.E to REACH for OPPORTUNITIES to MAXIMIZE, INSPIRE, SUCCEED & EXCEL!)

Applications can be downloaded from the Naviance in the Guidance Office or at www.dstfcacmd.org

Application deadline: Saturday, March 12, 2021

Notification of your selection will be made by May 1, 2021.

The P.R.O.M.I.S.E Scholarship

In life, serious obstacles can get in the way of reaching goals and dreams. The P.R.O.M.I.S.E Scholarship is designed to recognize a student who has strong potential to do well in a post-secondary opportunity, but may have dealt with a significant crisis or obstacle during high school that made it difficult to achieve to their fullest potential. Yet, in spite of the challenge, or slow start the student persisted, realizing the importance and value of a good education, and achieved at least a 2.75 GPA while continuously selecting rigorous course work in the process of overcoming the obstacle. The P.R.O.M.I.S.E scholar has demonstrated that it's possible to overcome adversity to reach a goal, and embodies determination even though circumstances often beyond one's control, places one at a true disadvantage.

Examples of adversity or crisis could be: the loss of a parent, sibling or significant relationship; changing family situation/divorce; serious accident or illness, financial distress or homelessness, lack of a supportive network, incarceration to name a few.

Application Deadline: Friday, March 12, 2021

** Must be postmarked by 3/12/2021 **

Frederick County Alumnae Chapter, Delta Sigma Theta Sorority, Inc. P.O. Box 1234 Frederick, MD 21702

CRITERIA

To apply for and receive scholarships offered by the Frederick County Alumnae Chapter Scholarship Program, one must:

- Currently be a high school senior and resident of Frederick County.
- ❖ Attend a public, private, or parochial high school in Frederick County.
- Submit a completed application electronically or postmarked by March 12, 2021; signed by applicant and parent/guardian.
- Have an overall grade point average of at least 2.75 (based on a 4.0 non-weighted scale). Submit an official signed transcript in a separate sealed envelope if mailed.
- ❖ Two (2) letters of recommendation. One letter must be from a staff member from your high school that can speak to your character. One letter must be from someone who has supervised your involvement in a community service project referenced on your application and is not an immediate relative.
- ❖ A one full-page essay to address the prompt selected.
- Submit supplemental materials (photo) and artifacts (certificates) from your service and leadership.
- Submit a recent color photograph (wallet size senior picture). Print name on the back of the photo.
- Enroll in a full-time program at an accredited college, university, or institution of equivalent accreditation during the 2021-2022 academic year. (If awarded a scholarship and the student takes a Gap year for 2021-22, the scholarship is forfeited).
- Participate in an interview as part of the selection process.
- Provide verification of college enrollment before receiving scholarship as a condition of award.
- Children of a member of the Frederick County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. are ineligible to apply.

SECTI	ON A—BIOGF	RAPHICAL	INFO	RMATION	N
Last name		First Name			M.I.
Harra Address	O:t-	,	04-4-		
Home Address	City		State		Zip Code
Home Number	Cell Number			E-mail add	Iress
	L				
High School		Address			
G.P.A. Anticipated [Date of Graduation	1	Dat	e of Birth	
Intended College	Potential m	ajor (if knowr	n)	Have you	been accepted?
P	arents'/Guard	ians' Nam	10(e).		
			10(3).		
Name: Address:		Name: Address:			
City/State:		City / State	e:		
Phone:		Phone:			
Number of other depende	ent children in	the family			
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Of that number, how man high school during the ne					noois beyond
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SECTION B - EDUCATIONAL INFORMATION:

Name of High School:						
What is your class rank?						
What is your current Grade Point Average? Non-weighted: Weighted:						
Have you completed the FAFSA?						
Have you applied for financial aid from colleges or community-based scholarship programs?						
Honors and Awards						
(academic, athletic, community, and/or school awards)						
Award		e of Award	Reason(s) for Award			
1.						
2.						
3.						
4.						
5						

Leadership Positions					
Name of Group/Activity	Grade (Check boxes that apply)			ply)	Leadership Position(s) Held
	9 10 11 12		12		
1.					
2					
3					
4.					
5.					

Community Service					
Name of Community Service Activity	Grade (Check boxes that apply)			ply)	Contact Person
•	9 10 11 12		12		
1.					
2					
3					
4.					
5.					

ESSAY

Select one of the essay prompts below and develop an essay to fully explain the prompt as it relates to your life. Type your essay as a separate document to upload with your application. Handwritten responses will not be accepted.

ESSAY Prompt 1: Describe a major challenge you have faced and what you did to overcome it. Explain the impact that it had on you and how it shaped who you are today. How will you use the experience to help others?

ESSAY Prompt 2: Describe a significant event you have faced that made you question whether you could make it through the situation.

Explain how you overcame the challenge, the impact it had on you and how you have or will use what you learned throughout the process to help others.

References

Two letters of reference from individuals who have knowledge of your academic, extracurricular activities, character and community service must accompany this application. References must be submitted on school or business letterhead. Relatives and friends are not acceptable.

List names of references below.

Name:
Telephone Number:
Address:
Email:
Name:
Telephone Number:
Address:
Email:

Indicate any additional information not previously shared in this application that you feel the Frederick County Alumnae Chapter Scholarship Committee should consider in evaluating your need and eligibility for this scholarship. Do not use this space for the required essay or personal statement.

CERTIFICATIONS

I/We the undersigned, certify that the information supplied in this application is complete and accurate. We hereby certify that the information provided in this application is current and that the Applicant is not the child of a member of the Frederick County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. We understand this application packet will be kept confidential. All materials submitted become the final property of the Frederick County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. with the exception of any samples of the Applicant's work that is provided such as wall art, photography, video, class assignment, broadcast script or school newspapers, which samples will be returned upon request. We understand that the Applicant will be required to make arrangements for the return of all work samples.

Signature of Applicant	Date
Signature of Applicant's Parent or Guardian	Date
I certify that I will be enrolled and matriculating	g in an institution of higher
learning in the Fall of 2021. I will provide the de	ocumentation to support my
acceptance at the institution of higher learning by	/ July 15, 2021. If I am not
enrolled by July 15, 2021, I may forfeit the scho	larship award. I must initiate
contact with the FCAC Scholarship Chair	to discuss the relevant
circumstances (Initials)	

Media Release and Photography Form

I understand that my child may be photographed in connection with his/her application for the scholarship awards offered by the Frederick County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (the "Chapter"). I give permission for the 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 the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's scholarship program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein 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 the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

Signature of Applicant's Parent or Guardian

Date

If you have any questions please contact Mary Wright, Scholarship Chair Scholarship.fcacmd@gmail.com