

Delta Sigma Theta Sorority, Inc
Fort Knox Alumnae Chapter
P O Box 10
Fort Knox, KY 40121



Scholarship Requirements

- 1) Completed scholarship applications must be **post marked** no later than 1 April.
- 2) A copy of both sides of a current and valid identification card must be included with the application.
- 3) Two (2) written letters of recommendation must be submitted. They must come from people not related to the applicant.
- 4) A 300 to 350-word essay as stated on the application.
- 5) An official high school transcript must be included with the application (SAT/ACT scores must be included).
- 6) A minimum grade point average of 2.7 is required.
- 7) Each winner will be given a letter instructing the college of choice that a scholarship has been awarded. This letter will include the amount of the scholarship. The college must request the scholarship by 31 December and must be used within one year of being awarded.

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Fort Knox Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Blondell E. Williams Scholarship

Name _____ Date of Birth ____/____/____

High School (name and address):

➤ List academic and community service awards or honors received

Year	Activity	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

➤ List any clubs or extracurricular activities that you have been a participant (i.e.: band, chorus, sports, debate, language, clubs, etc.)

Year(s)	Activity	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

➤ Verification of grade point average by senior counselor:

GPA _____ SAT _____ ACT _____ counselor's signature: _____

➤ Submit two (2) written recommendations from people NOT related to applicant. (Please include contact information for these individuals)

- Official transcripts of high school must be submitted. (SAT/ACT scores must be included)
- A copy of both sides of valid identification card must be attached.
- Essay: Please attach a 300-350 word essay on one of the following topics:

“How will college change your circumstances?”

“This scholarship will allow me to _____”

- **PRIVACY ACT OF 1943** authorized by Executive Order 9397 for collection of the following information including your Social Security Number is voluntary.

Your Address:

City _____ State _____ Zip _____

Phone: _____ SS# _____

College of choice: _____

Have you been accepted? _____ Date to enter college: _____

Major field of study: _____

College Address: _____

City _____ State _____ Zip _____

College Financial Aid contact number: _____

Sign and date the following statement:

I grant permission to use my name and photograph in publicity releases as a winner or alternate for the Delta Sigma Theta's Blondell E. Williams Scholarship without obligation or liability to me. All information released to the scholarship committee will be strictly confidential.

Parent Signature

Student Signature

Date

Date

APPLICANT CHECKLIST: _____ Copy of ID card	_____ Recommendations
_____ Transcripts	_____ Essay