



**Ventura County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.**

P. O. Box 7285
Oxnard, CA 93031
scholarships@dstvcac.org

ACHIEVEMENT SCHOLARSHIP AWARD

DEADLINE: APRIL 21, 2020

The Ventura County Alumnae Chapter (VCAC) of Delta Sigma Theta Sorority, Inc. (DST) invites high school seniors to apply for its distinguished Achievement Scholarship Award that provides a college scholarship ranging from \$500 to \$1,500 depending upon students' qualifications.

Eligibility Criteria: Children of members of Delta Sigma Theta Sorority, Inc. are not eligible for this award. Applicants must meet the following eligibility criteria in order to be considered for an award:

1. Must identify as Black or African American.
2. Must be a graduating senior who lives or attends high school in Ventura County.
3. Must have a grade point average of 2.75 or greater (on a 4.0 scale).
4. Must enroll at a college or university in Fall 2020.
5. Must have evidence of leadership potential (i.e., participation in school, community, church or work activities).

Application Instructions: All seven components of the application must be received by the deadline.

	Application Section	Instructions
1	Student Profile	These sections of the application are attached and can be completed using a computer or device (responses must be typed). Email or mail the completed application to the below email or mailing address.
2	Personal Statement	
3	Personal Achievement Essay	
4	Digital Photo	Email with application. See requirements below.
5	High School Transcript	Must include grades from the most recently-completed semester/trimester and stamped "official." The transcript can be emailed or mailed to the address below.
6	Two Letters of Recommendation	Must be emailed or mailed directly by the letter writer who must be: 1) a counselor, teacher, or administrator; and 2) an adult (not parent/guardian) familiar with applicant's school, community, church, or work activities. Letters must be signed in ink. Scanned letters sent via email are acceptable.
7	Application Consent Form	Must be signed by applicant and at least one parent/guardian (if applicant is under 18) and emailed or mailed to the address below.

Email Address	scholarships@dstvcac.org (include applicant's last name in subject)
Mailing Address	VCAC Scholarships, [Applicant's Name], PO Box 7285, Oxnard, CA 93031 <i>Be sure to mail application materials so that all items are received by April 21, 2020.</i>

REQUIREMENTS FOR PHOTOGRAPH: Along with your application, please include a current photograph or email a current digital photograph that meets Visa/Passport photo requirements. Note that photos taken at a drugstore, warehouse store (Costco, Sam's Club, etc.), other outlets (Walmart, Target, FedEx, UPS, etc) or photos taken using the Passport Photo App (Android, IOS) can be submitted. All submitted photos must meet the following requirements:

- 240 kb or less; 600 x 600 pixels (minimum); 1200 x 1200 pixels (maximum)
- In color
- Taken within the last 6 months to reflect your current appearance
- Taken in front of a plain background
- Taken in full-face view directly facing the camera

Scan the printed photo into digital format (jpeg) and email it with the application, or include and mail the photo with the application packet.



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ACHIEVEMENT SCHOLARSHIP AWARD APPLICATION

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I. STUDENT PROFILE							
First Name					Last Name		
Street Address							
City				Zip		Date of Birth	
Telephone			Email				
Parent/Guardian's Name							
Parent/Guardian's Telephone				Email			
Current High School						Overall GPA	
Are you the child of a member of Delta Sigma Theta Sorority, Inc? *							
Indicate the name of your high school guidance counselor							
College/University you plan to attend				Your Intended College Major			

* Children of members of Delta Sigma Theta Sorority, Inc. are not eligible for this award.

ACTIVITIES ~ Include community, church, and work activities, indicate any leadership activities; also include extra-curricular activities (attach additional sheet if needed).

Organization, Event, Activity, Sport, etc.	Dates of Involvement (e.g., May 2017–Oct 2018)	Church, School, Community, or Work

AWARDS & HONORS (attach additional sheet if needed)

List Awards and Honors	Date Received (mo/yr)

II. PERSONAL STATEMENT	Write a statement about yourself that describes your interests, concerns, goals, and anything else that will help the award committee know you better. Your narrative should contain NO MORE THAN 250 words.
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**III. PERSONAL
ACHIEVEMENT
ESSAY**

Respond to one of the options below. Your essay should be a minimum of 250 words and NO MORE THAN 500 words.

1. Identify your strongest skill and how you plan to utilize that skill to give back to the community.
2. Identify a desired skill or characteristic that you have not yet developed as your strongest. Explain how you anticipate your college experience will help you improve that skill.

ESSAY CONTINUED (if needed)



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VII. APPLICATION CONSENT FORM

I understand that if any application information I provide, or is provided on my behalf, is false, misleading or incomplete, I will not be eligible for any scholarship award, and any scholarship awarded to me will be revoked. I also understand that if my circumstances change so that I no longer meet the criteria for this award, I must immediately notify the Ventura County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

If I accept a scholarship award, I agree to attend functions related to the award and to respond in a timely manner to requests for additional information including information to facilitate the presentation of the award and verification about my college/university enrollment. Also, I authorize the Ventura County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to use relevant information and my image for promotional purposes (e.g., announcement of award recipients on VCAC website).

The Federal Family Educational Rights and Privacy Act (FERPA) protects the privacy of educational records. By submitting this application, I give permission for the Ventura County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to disclose to the review committee the information provided in connection with this scholarship application for the purpose of the review of my application, and the administration and promotion (including all forms of media) of the scholarship program. This may include information from my educational records such as my official transcripts and letters of recommendation.

Signed by Applicant:

Print Name	
Signature	
Date	

If under 18, parent/guardian signature is also required:

Print Name	
Signature	
Date	

Sign this form in ink and email or mail accordingly. If emailing the form, scan the form after it has been signed and then email it to the address below. This form must be received by the deadline.

Email Address	scholarships@dstvcac.org (include applicant's last name in subject)
Mailing Address	VCAC Scholarships, [Applicant's Name], PO Box 7285, Oxnard, CA 93031 <i>Be sure to mail application materials so that all items are received by April 21, 2020.</i>