



DELTA SIGMA THETA SORORITY, INC. ROLLING HILLS/PALOS VERDES ALUMNAE CHAPTER

POST OFFICE BOX 3153
PALOS VERDES PENINSULA, CA 90274

2021 SCHOLARSHIP APPLICATION

Rolling Hills/Palos Verdes Alumnae Chapter of Delta Sigma Theta Sorority, Inc. offers scholarships to graduating high school seniors of African American ancestry. Scholarships are available to qualifying students:

- who will graduate by June of this academic year from a high school located within one of the following jurisdictions,
OR
- who have permanent residence within the boundaries of one of the following jurisdictions:

Palos Verdes	Torrance	Hermosa Beach
Rolling Hills	Lomita	Lawndale
Rolling Hills Estates	Redondo Beach	Gardena
Palos Verdes Estates	Manhattan Beach	Hawthorne
Rancho Palos Verdes	San Pedro	El Segundo
Harbor City (Los Angeles)	Wilmington (Los Angeles)	

Scholarship Criteria and Requirements

Scholarship Applicants must meet the following criteria:

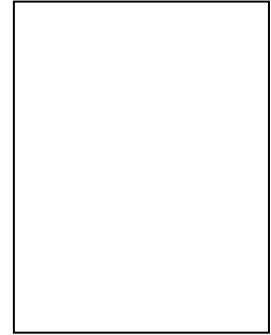
- Must be a graduating high school senior accepted by an accredited two-year or four-year college or university;
- Must demonstrate a sustained commitment over time to community service activity;
- Must meet electronic or postal submission deadline of **March 31, 2021 (post mark acceptable)**
- Must be available for online interview the week of **April 19, 2021(TBD)**.

Scholarship Applicants must submit the following:

- Full and complete 2021 Scholarship Application Form
- Wallet-sized photograph of yourself (attached to or emailed with application).
- Signed Photo Release Authorization Form.
- Official high school transcripts, including SAT and ACT scores, if available.
- A one-page essay on a predetermined topic.
- Two (2) letters of recommendation: One (1) from a teacher, counselor, or school administrator, and one (1) from a religious or civic leader, employer or adult supervisor. Letters from relatives or members of this Delta Sigma Theta Sorority chapter will not be accepted.



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Attach Photo Here

2021 SCHOLARSHIP APPLICATION FORM

TYPE OR PRINT

Applicant Information

Name: _____ **Age** _____

Address: _____

City: _____ **State:** _____ **Zip Code** _____

Telephone: _____ **Email:** _____

High School: _____ **Location (City)** _____

Parent (s) or Guardian (s):

Name(s) _____

Occupation(s) _____

Household Income From All Sources \$ _____

Number of Dependents _____

Colleges or universities to which you have applied. Rank in order of preference.

1stChoice: _____

2ndChoice: _____

3rdChoice: _____

Anticipated College Major: _____

Career/Professional Aspirations: _____



Grants/Scholarships:

<u>Grant/Scholarship</u>	<u>Status</u>	<u>Amount Requested</u>	<u>Amount Received</u>

Total Amount Received \$ _____

Extracurricular Activities - High School (Sponsor email required for verification)

Record of Participation in extracurricular activities	Office Held	9th	10th	11th	12th	Sponsor's name and email
Organization						

Honors and Awards	Sponsor's name and email



Community Service Activities (Sponsor email required for verification)

<u>Off-campus community/volunteer work, offices held, awards</u>	<u>Sponsor's name and email</u>

ESSAY TOPIC:

“How has the coronavirus pandemic affected your educational experience, positively and/or negatively?”

Response should be on one (1) page, single-spaced, 12 pt. font with 1 inch borders.

CERTIFICATION:

I hereby certify that the information submitted herein is true and correct to the best of my knowledge and belief. I understand that a false statement could disqualify me for a scholarship award.

Name of Applicant: _____

Signature of Applicant: _____

SUBMIT APPLICATION TO:

rhpvacdst.scholarship@gmail.com

or

Delta Sigma Theta Sorority, Inc.
Rolling Hills/Palos Verdes Chapter
Post Office Box 3153
Palos Verdes Peninsula, CA 90274

Email questions to the Scholarship Committee at rhpvacdst.scholarship@gmail.com



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2021 SCHOLARSHIP APPLICATION
Publicity Release Authorization Form

I, _____, hereby authorize Delta Sigma Theta Sorority, Inc., Rolling Hills/Palos Verdes Alumnae Chapter (RHPVACDST) to produce, create, publicize and otherwise use photographic images and recordings of my child, _____, for the explicit purpose of activities related to the 2021 Scholarship Award Program, including but not limited to marketing, news features and social media postings.

I understand that all images provided, created or produced become the sole property of RHPVACDST and that RHPVACDST may use these images at its discretion at any time now and in the future.

Pursuant to this authorization, I hereby release RHPVACDST from any and all liability arising from or in connection with the use, creation, publication and dissemination of any images provided to or produced by RHPVACDST.

Parent/Guardian Name (Print)

Parent/Guardian Signature(s)

Date: _____