**Congratulations on reaching this academic milestone!** Delta Sigma Theta Sorority, Inc. is an organization dedicated to aiding in the education of talented youth throughout our community. We award seven $2000 college scholarships; two **Leadership** Scholarships and five **Academic** Scholarships.

The requirements for the scholarship, application, and media waiver are below.

**We wish you success as you continue your academic career!**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **WINONA CARGILE ALEXANDER (W.C.A.) LEADERSHIP SCHOLARSHIP REQUIREMENTS:**   * Applicant must be an African-American female ***or*** male. * Must have a minimum acceptable G.P.A. of 2.5 or higher on a 4.0 scale. * Must demonstrate community involvement ***and*** leadership ability. * Must have a need for financial assistance. * Must graduate from a Duval County (public, private, or charter) high school at the end of the 2013-2014 academic school year. * Must attend an accredited institution of higher education after graduation. * Must have taken the SAT and/or the ACT and submit proof with the application. * Must provide an official high school transcript. * Must have **two (2) typed letters of recommendation**: One (1) letter must be from a high school staff member, one (1) letter must be from a Community Service Organization in which you have performed community service. Both letters must attest to your leadership ability. Both letters must be signed and on the appropriate organization’s letterhead. * Must submit a typed **2-page maximum essay using 12 pt Times Roman font**. The essay must include a discussion on how your leadership achievements have prepared you for your future goals, why you should be a recipient of the W.C.A. Scholarship, and a **detailed** description of the following points to substantiate your request : * The attributes that you possess that make you a leader * Specific examples of your leadership ability * Any special leadership awards and recognition * Participation in extracurricular activities and community service (please include time spent and any leadership positions held) * A discussion of your need for financial assistance * Must complete and sign the scholarship application. * Must sign the attached media waiver. * Electronic signatures will not be accepted. * Finalists will be selected by the scholarship committee based on scholarship requirements submitted. * Finalists must participate in an interview before the Scholarship Committee. A member of the Scholarship Committee will contact you to schedule your interview. * Students may only apply for **one** scholarship. * Dependents of members of Delta Sigma Theta Sorority, Inc. are **ineligible** to participate in the scholarship.   **Winona Cargile Alexander (W.C.A.) Leadership Scholarship Application**  **Student Information: (Please type or print legibly)**   |  |  |  |  | | --- | --- | --- | --- | | **Name:** | | **DOB:** | | | **E-mail** | | | | | **Address** | | | | | **City:** | **State:** | | **Zip:** | | **Home Phone:** | | **Cell Phone:** | | | **Parent/Guardian Name** | | | | | **Parent/Guardian Phone Number:** | | | | | **Parent/Guardian is a member of Delta Sigma Theta Sorority, Inc.: Yes No** | | | | |

**To be completed by High School Guidance Counselor:**

|  |  |
| --- | --- |
| **High School:** | |
| **Guidance Counselor Name:** | **Signature:** |
| **GPA (Unweighted/Weighted):** | |
| **Free or Reduced Lunch: Yes No** | |
| **SAT (Total Score):** | **ACT (Total Score):** |

|  |  |
| --- | --- |
| The information provided in my application packet is, to the best of my knowledge, complete and accurate. I understand that any false statements in this application may disqualify me from consideration of the scholarship award(s). I also understand and agree that any and all information submitted as part of this application packet will become property of the Jacksonville Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated and will be kept confidential. By signing below, I agree to accept the decision of the scholarship committee. | |
| **Applicant Signature:** | **Date:** |
| **Parent Signature:** | **Date:** |

Applications must be postmarked by **March 24, 2014**. Incomplete Applications and those postmarked after March 24, 2014 will NOT be considered by the scholarship committee.

**MEDIA WAIVER**

I, the parent/guardian of (print applicant’s name) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** consent to the release of photographs, videos, audio and other related recorded materials captured during the scholarship awards program. Such materials shall remain the sole property of the Jacksonville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and shall not be sold to any entity.

**BY MY SIGNATURE, I AM INDICATING THAT I HAVE READ AND UNDERSTAND THE FOREGOING INFORMATION.**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Signature of Participant Date**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Signature of Parent Date**

**Checklist:**

* Completed, signed scholarship application
* Signed media waiver
* SAT and/or ACT documentation
* Official high school transcript
* Two (2) typed letters of recommendation
* Essay

Mail Completed Application Packet to:

Delta Sigma Theta Sorority, Inc.

Jacksonville Alumnae Chapter

ATTN: Scholarship Committee

P.O. Box 2435

Jacksonville, FL 32203