



Brevard County Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated
A Public Service Sorority

ARTIE P. WILLIAMS MEMORIAL SCHOLARSHIP FUND



2024 SCHOLARSHIP APPLICATION

Available Awards:

**Mildred S. Jones Memorial
Scholarship**
(for students interested in a Business Degree)

**Brevard County Memorial
Scholarship**
(general scholarship for all other majors)

Application Postmark Deadline:

February 28, 2024

**Completed application and required documents must be postmarked by the
application date and mailed to:**

Brevard County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
ATTN: Scholarship Committee
P.O. Box 560915
Rockledge, FL 32956-0915

For questions/more information, contact:

scholarship@dstbcac.org

or visit: www.dstbcac.org



**Brevard County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
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DELTA SIGMA THETA SORORITY, INC. PROFILE:

The Brevard County Alumnae Chapter of Delta Sigma Theta Sorority, Inc., proudly celebrates 55 years of awarding academic scholarships to qualified high school seniors throughout the North and Central Brevard County who exemplify academic excellence, strong leadership, and community involvement.

The Brevard County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is committed to sisterhood, scholarship, service and addressing current social issues in the community. These ideals are exemplified by the many programs we sponsor through our fundraising endeavors as we continue to provide quality service to our community.

The Sorority has awarded numerous academic scholarships to deserving students in the community. Since inception, the Sorority has granted over \$200,000 in scholarships to North and Central Brevard County high school students. Each year, the Sorority diligently embraces our students through the following youth initiatives: EMBODI (Empowering Males to Build Opportunities for Developing Independence – males ages 13-18); Delta GEMS (Growing and Empowering Myself Successfully - females ages 14-18); and the Betty Shabazz Delta Academy (females ages 11-14).

Delta Sigma Theta Sorority, Inc. is a national, private, not-for-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. The Sorority was founded on January 13, 1913 by 22 collegiate women at Howard University (Washington, DC). These students wanted to use their collective strength to promote academic excellence and to provide assistance to those in need. Today, Delta Sigma Theta Sorority Inc. is a sisterhood of more than 200,000 predominately African American college educated women, the Sorority currently has over 1050 chapters located in the United States, England, Japan (Tokyo and Okinawa), Germany, the Virgin Islands, Bermuda, the Bahamas and the Republic of Korea. Delta Sigma Theta Sorority, Inc. provides an extensive array of public service initiatives through its Five-Point Programmatic Thrust of:

- △ Economic Development
- △ Educational Development
- △ International Awareness and Involvement
- △ Physical and Mental Health
- △ Political Awareness and Involvement



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SCHOLARSHIP REQUIREMENTS & PROCEDURES

AVAILABLE AWARDS:

During the 2024 award cycle, the Brevard County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is offering five (5) one-time academic scholarship awards to graduating high school seniors within our chapter's service area, which spans North and Central Brevard County (FL). (Cities located within this service area include: Cape Canaveral, Cocoa, Cocoa Beach, Merritt Island, Mims, Port St. John, Rockledge, Scottsmoor, Sharpes, Titusville and Viera).

The scholarships will be awarded to the top scoring applicants that successfully meet the requirements/guidelines outlined in this package. Depending on the applicants intended college major, the selected scholarship recipients will receive one of the awards below:

- **The Mildred S. Jones Memorial Scholarship** for students interested in a Business Degree
- **Brevard County Alumnae Memorial Scholarship**, a general scholarship which honors all other deceased members of Delta Sigma Theta Sorority, Inc. that were affiliated with the Brevard County Alumnae Chapter

The following requirements must be completed/met in order to be considered for a scholarship award.

ELIGIBILITY:

1. Applicant must be a graduating senior from a high school located in the chapter's service area which spans North and Central Brevard County (FL).
2. Applicant must have a cumulative un-weighted GPA of at least a 3.0 on a 4.0 scale
3. Applicants must be accepted by an institution of higher learning as a full-time student by the Fall of 2024.
4. Children of Sorors/members of Delta Sigma Theta Sorority, Inc. are not eligible to apply.

REQUIRED DOCUMENTS:

Only completed application packets will be accepted. A completed application packet consists of the following documents:

- △ A typed scholarship application with demonstrated record of extracurricular activities in leadership and community service
- △ Certification Form with original signatures from the applicant and Parent/Guardian
- △ ONE (1) typed and double-spaced Personal Statement (up to 1000 words or 2 pages maximum) that clearly addresses the applicants future educational and career goals)
- △ ONE (1) official (sealed) copy of High School Transcript, showing a cumulative un-weighted 3.0 GPA on a 4.0 scale reflected on the transcript submitted at the time of application
- △ TWO (2) signed Letters of Recommendation from a school official (i.e. high school guidance counselor, teacher, or administrator) on official letterhead
- △ ONE (1) 3 x 5 or 4 x 6 professional photograph (Headshot Only) that is clear and usable for publication, with your full name (lightly printed) on the back.



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APPLICATION DEADLINE:

Completed application packets must be postmarked no later than **February 28, 2024**, and mailed to:

Brevard County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
ATTN: Scholarship Committee
P.O. Box 560915, Rockledge, FL 32956

SCHOLARSHIP AWARDS DECISION & NOTIFICATION PROCESS:

The Scholarship Awards evaluation and award process will be conducted by the Brevard County Alumnae Chapter-Scholarship Committee. Applicants will be screened for adherence to the criteria outlined in this document. Incomplete, emailed, handwritten, or hand delivered applications will not be accepted/evaluated.

Following this initial screening process, all eligible applications will be evaluated based upon his/her performance in the following areas:

1. Scholastic Achievement
 2. Community Involvement
 3. Letters of Recommendation
 4. Personal Statement of Goals
- The top 5 recipients of the highest point value/ranking will be named award recipients.
 - All official communication regarding the application process & selection will transpire via e-mail. Please ensure that you provide us with an email address that you actively use. Failure to receive email communication rests solely with the applicant.
 - Applicants will be notified in April 2024 if selected to receive an award and will also receive instructions detailing the scholarship disbursement process when they arrive to college in the fall.

QUESTIONS:

If you have any questions/problems/concerns with completing your application please contact our Scholarship Committee via email at scholarship@dstbcac.org



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DIRECTIONS: Please complete this application in its entirety. **All application components must be typed and double-spaced.**

If you experience any problems with the application, please contact scholarship@dstbcac.org

APPLICANT INFORMATION

Applicants Name (First, Middle Initial, Last):		Gender:	
		Please Select	
Home Address:			
Preferred Contact Number:		E-mail Address:	
Date of Birth (Month/Day/Year):			
High School Attending:	Expected Graduation Date:	Unweighted GPA:	Weighted GPA:
For tracking purposes, please indicate with an 'X' if you are currently involved in either of these programs sponsored by the Brevard County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.			
Delta GEMS: <input type="checkbox"/>		EMBODI: <input type="checkbox"/>	

PARENT/GUARDIAN INFORMATION

Mother/Female Legal Guardian's Name:	
Address if different from Applicant:	
Preferred Contact Number:	E-mail Address:
Father/Male Legal Guardian Name:	
Address if different from Applicant:	
Preferred Contact Number:	E-mail Address:



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COLLEGE PLANS

Please list all post-secondary institutions where you have applied and mark your acceptance status.

Intended Major/Field of Study:		Intended Minor/Field of Study:	
Name of School to which you've applied:	City/State:	Status of Application (Select from dropdown):	

Additional Comments:

COMMUNITY SERVICE/VOLUNTEER ACTIVITIES

List community service/non-school related volunteer experience that you've participated in that should be taken into consideration when evaluating your application.

Name of Organization/Activity	Years of Participation				Positions Held
	Grade				
	(Check boxes that apply)				
	9th	10th	11th	12th	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:



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SCHOOL RELATED EXTRA-CURRICULAR ACTIVITIES

List any school related extra-curricular activities such as student clubs and organizations, athletic activities, etc. that should be taken into consideration when evaluating your application.

Name of club/ Organization/Activity	Years of Participation				Positions Held
	Grade (Check boxes that apply)				
	9th	10th	11th	12th	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

HONORS & AWARDS

List any relevant honors and awards received etc. that should be taken into consideration when evaluating your application. Please include the date you received each honor/award.

Award Name	Date of Award	Source of Award

Additional Comments:



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PERSONAL STATEMENT:

The applicant's statement of goals is an important part of the scholarship application package.

On a separate page, please tell us in 1000 words or less (Typed and Double-spaced) about yourself. Your autobiographical essay should include the following components: your proposed academic/career goals, your community service involvement, why the scholarship is important to you, and the expected benefit to be derived if you receive a Scholarship from the Brevard County Alumnae Chapter.



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CERTIFICATION:

Applicant and Parent/Legal Guardian signatures are required below

I certify that all information provided in this application is complete and accurate, and that all statements and essays are my own work. I give the Brevard County Alumnae Chapter, Delta Sigma Theta Sorority, Inc. permission to verify any information contained in my application package, as necessary. I understand that misrepresentation of any information or the submission of inaccurate or incomplete information will result in disqualification to be considered for a scholarship or forfeiture of any award that I may receive.

I certify that the applicant is: (please check all that apply)

- A resident in either the North or Central areas of Brevard County, FL
- A student attending a public, private, charter, or parochial high school located in the North or Central areas of Brevard County, FL
- A high school senior graduating in Spring 2024
- Not an immediate relative, i.e., child, of a member of the Brevard County Alumnae Chapter, Delta Sigma Theta Sorority, Inc.

I acknowledge and understand that if I am awarded a scholarship, the scholarship disbursement will be sent directly to the recipient's college/university once the proper verification forms have been completed and returned to the Brevard County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Should I receive a scholarship award, I hereby grant the Brevard County Alumnae Chapter, Delta Sigma Theta Sorority, Inc. the unrestricted right and permission to use and re-use my name and likeness in any and all publications, including photograph, television broadcast, video recording, internet sites, audio-recording or any other form of electronic or print communication, for its own purposes without payment or any other consideration to me, in perpetuity. I understand and agree that any material produced using my likeness is the property of the Brevard County Alumnae Chapter, Delta Sigma Theta Sorority, Inc.

Printed Name of Applicant	
Signature of Applicant	
Printed Name of Parent/ Legal Guardian	
Signature of Parent/Legal Guardian	



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APPLICANT CHECKLIST*

Before submitting your application, please ensure the following items below are completed/included in the application packet:

- Completed/Typed Scholarship Application
- Certification Form with original signatures from the applicant and Parent/Guardian
- ONE (1) typed and doubled-spaced Personal Statement (up to 1000 words maximum) that clearly addresses the applicants future educational and career goals)
- ONE (1) official (sealed) copy of High School Transcript, showing a cumulative un-weighted 3.0 GPA on a 4.0 scale reflected on the transcript submitted at the time of application
- TWO (2) signed Letters of Recommendation from a school official (i.e. high school guidance counselor, teacher, or administrator) on official letterhead
- ONE (1) 3 x 5 or 4 x 6 professional photograph (Headshot Only) that is clear and usable for publication, with your full name (lightly printed) on the back.
- Keep a copy of the application and all attachments for your records
- Ensure application packet is postmarked by **February 28, 2024**, and mailed to:

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ATTN: Scholarship Committee
P.O. Box 560915
Rockledge, FL 32956

(Note: Checklist does not need to be returned with application)

****Missing any of the above items will result in an incomplete application package. Incomplete applications will not be considered for an award.***