MAUDE ORMAN SCHOLARSHIP APPLICATION

ELIGIBILITY REQUIREMENTS:

- Graduating High School Senior
- African American
- Overall "B" Average (unweighted)

REQUIRED APPLICATION PACKET CONTENT:

- > Completed Maude Orman Scholarship Application Form
- Official High School Transcript
- College Acceptance Letter
- Autobiographical Sketch (include personal aspirations)
 - \circ 200-300 word typed
- > Three (3) Scholarship Recommendations.
 - Two (2) letters from faculty members
 - One (1) letter documenting unpaid Community Service on the organization's letterhead.
- Recent Photo
- Photo Release Form

Please place ALL REQUIRED contents in ONE envelope! ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL.

APPLICATION DEADLINE:

- Mail the complete application packet to: Delta Sigma Theta Sorority, Inc. Rochester Alumnae Chapter P.O. Box 23855 Rochester, NY 14692
 - ATTN: Scholarship Chairperson
- Completed Application <u>MUST BE POST MARKED BY THE LAST BUSINESS DAY</u> <u>OF MARCH.</u>

MAUDE ORMAN SCHOLARSHIP APPLICATION FORM

PERSONAL	NFORMATION				
First Name:		Middle Initial:		Last Name:	
Street Address:					
City:		State:		Zip Code:	
Email Address:					
Home Phone:			Date of Birth:		
High School Currently Attending:			Counselor:		

FAMILY INFORMATION									
Mother:						Father:			
Mother Occupation:						Father Occupat	tion:		
Parents' Marital Status:		Single		Marrie	ed	Divor	ced	Separated	Widowed
Number and A	ge of Siblings:	1	2	3	4	5	6	Other	
		#At Ho	ome		#In (College		#On their ow	n

ROCHESTER ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.

This section will help us to determine the use of your non-classroom time while attending high school. You must

indicate the amount of time spent weekly on each activity.

EXTRACURRICULAR ACTIVITIES AND EMPLOYMENT

A. School Activities

Activity	Description, Position Held	Hours/Week	Dates In	volved:
			From:	To:

B. Honors and Awards

Honor/Award Name	Description (include nature and level of competition)	Date Received

C. Employment (paid)

Job Title	Description	Hours/Week	Dates in	volved:
			From:	To:

D. Community Service and Volunteer Work (unpaid)

Delta sigma Theta Sorority, Inc. is a public service organization. Please see the definition of community service below before completing this section.

Organization	Description of Service or Work	Hours/Week	Dates In	volved:
			From:	To:

Community Service is defined as:

- 1. Involving delivery of a service directly to constituents of a charitable organization or participation in a project sponsored by such an organization.
- 2. Benefiting an organization that has non-profit institutional or organizational affiliation or status.
- 3. Resulting in a service to at least one person, other than the student or the student's relative, and is of benefit to the Rochester community or the greater "community at large".
- 4. Separate from a service activity for which the student is already receiving school or organizational credit or recognition.
- 5. Being performed without compensation to the student.
- 6. Not being performed during scheduled academic periods.
- 7. Not any service mandated by a court.

COLLEGE ACCEPTANCE(S):			
Date	College/University Name		

How did you learn about the Rochester Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Maude Orman Scholarship?

Delta Sigma Theta Member	Counselor	Friend	Church
Urban League	Other		

PERMISSION TO USE PHOTOGRAPH

Subject:	
Location:	

I grant to **Rochester Alumnae Chapter, Delta Sigma Theta Sorority**, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject without payment or any other consideration.

I authorize **Rochester Alumnae Chapter, Delta Sigma Theta Sorority, Inc**., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I hereby irrevocably authorize the **Rochester Alumnae Chapter, Delta Sigma Theta Sorority, Inc**. to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its chapters programs.

I agree that **Rochester Alumnae Chapter, Delta Sigma Theta Sorority, Inc.** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature:	
Printed Name:	
Organization	
Name (if	
applicable):	
Address:	
Date:	
Signature/Parent	
or Guardian:	
(if under age 18)	
Revised 1-15-11	

MAUDE ORMAN SCHOLARSHIP Recommendation Form

Print or type your name:

Sign Name:	
Print Name:	

Instructions:

- Seal recommendation in an envelope and sign over the seal.
- Mail the completed letter of recommendation to:
 - Delta Sigma Theta Sorority, Inc. Rochester Alumnae Chapter P.O. Box 23855 Rochester, NY 14692 ATTN: Scholarship Chairperson
- Letter of Recommendation must be postmarked or received via email by <u>THE LAST BUSINESS DAY OF</u> <u>MARCH.</u>
- Please notify the applicant that the recommendation has been sent.