



Delta Sigma Theta Sorority, Inc.

Richland County Alumnae Chapter

PO Box 777

Columbia, South Carolina 29202

February 1, 2022

Dear School Counselor,

The Richland County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is pleased to announce its 2022 Scholarship Program for graduating seniors in the Richland, Lexington, Newberry and Fairfield school districts. This year our chapter will award one renewable scholarship for a Single Teenage Mother planning to matriculate at a four year college/university or at a 2 year technical school. **The amount is \$1250 per year for those attending a four year school and \$750 for ladies attending a technical college.**

All applications will be screened based on financial need, GPA, SAT/ACT scores, the essay, recommendation forms, class rank and honors/awards.

The application and all materials must be postmarked or submitted electronically by March 11, 2022 to be considered. The award will be dispersed directly to the school the recipient will attend next fall. The Richland County Alumnae Chapter reserves the right to withhold scholarship funds if false or misleading information is submitted.

We are excited about the opportunity to provide this scholarship to a student in our community and we appreciate your assistance in making sure they receive the information to apply. Please contact Denise Collier, chairperson of our Scholarship & May Week Committee, to answer any questions you may have regarding our Scholarship Program via telephone at (803) 238-9155 or email at rca.scholarshipmayweek@gmail.com.

Thank you again for your assistance in helping us to facilitate our Scholarship Program.

Sincerely,

Zenata Donaldson
Chapter President

The Richland County Alumnae Chapter 2022 Teenage Mom Scholarship

Teenage Mom Scholarship: This scholarship may be renewed yearly in the amount of \$750 or \$1250 (if all criteria is met) to a female African American single parent student planning to attend a four year college or two year technical school. This award is limited to eight semesters or student's undergraduate graduation, whichever comes first. **(1 Scholarship)**

Renewal eligibility will be reviewed after the spring semester of each academic year.

Criteria for scholarship renewal:

1. Maintain fulltime student status.
2. Earn/Maintain minimum 2.5 cumulative GPA on a 4.0 scale.
3. Submission of an official transcript yearly for review. The transcript should be sent to:

*Richland County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
ATTN: SCHOLARSHIP COMMITTEE
Post Office Box 777
Columbia South Carolina 29202*

INSTRUCTIONS for APPLICANT

1. Attach the following to completed Application:

(A) An **ESSAY** (250-word minimum & typed double spaced).
Student's name should be on each page of essay.

Teenage Mom:

Becoming a teen mother could have deterred you from furthering your education. Please discuss the strategies used to overcome the challenges you faced and detail advice or lessons learned that you would share with other teenagers.

(B) An **ACCEPTANCE LETTER** from an accredited College, University or Technical College.

(C) Two (2) **RECOMMENDATION FORMS** (enclosed) to be completed and submitted by **one teacher** and **one person in your community not affiliated with your high school.**

2. The completed application MUST be **postmarked or submitted electronically** by **March 11, 2022**. Please refer to the Scholarship Application Checklist to ensure packet is accurate and complete before mailing. Incomplete applications will be disqualified.

3. Applications will be screened according to the following criteria:
 - a) Financial need
 - b) GPA
 - c) SAT/ACT Scores
 - d) Recommendation Forms
 - e) Class Rank
 - f) Essay
 - g) Honors/Awards w/ counselor's signature

4. Scholarship recipients or designee must be present (virtually) at the Sorority's May Week Program on May 5, 2022 at 6:00 pm. All awards will be dispersed to the technical school, college or university the recipient will attend.

5. Send completed application with attachments to:

**Richland County Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
ATTN: SCHOLARSHIP COMMITTEE
P.O. Box 777
Columbia, South Carolina 29202
or submit electronically to: rca.scholarshipmayweek@gmail.com**

Scholarship Essay Rubric

The Scholarship Essay Rubric will be used to screen all essays submitted.

	Excellent	Very Good	Good	Weak
Content	<p>-Thoroughly Answered</p> <p>-All components of the question were answered in detail</p> <p>8 pts</p>	<p>-Very well answered</p> <p>-All components of the question were answered</p> <p>6 pts</p>	<p>-Sufficiently answered</p> <p>-Most components of the question were answered</p> <p>4 pts</p>	<p>-Poorly answered</p> <p>-Information is not relevant to the topic</p> <p>2 pts</p>
Organization	<p>-Very well organized and logical</p> <p>-Transitions are consistently present and varied</p> <p>4 pts</p>	<p>-Well organized and logical</p> <p>-Transitions present, mostly varied and consistent</p> <p>3 pts</p>	<p>-Somewhat organized and logical</p> <p>-Transitions present but inconsistent and weak</p> <p>2 pts</p>	<p>-Lacks organization</p> <p>-No transitions present</p> <p>1 pt</p>
Spelling & Grammar	<p>Detailed attention Given to grammar structures and spelling</p> <p>4 pts</p>	<p>Attention given to grammar structures and spelling</p> <p>3 pts</p>	<p>Some attention given to grammar structures and spelling</p> <p>2 pts</p>	<p>Little attention given to grammar structures and spelling</p> <p>1 pt</p>

**RICHLAND COUNTY ALUMNAE
CHAPTER
DELTA SIGMA THETA
SORORITY, INC.**

2022 SCHOLARSHIP APPLICATION

Name: _____ Home Phone: _____ Cell: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email Address (print clearly): _____

Date of Birth: _____ Sex: F ___ M ___ Race: _____

Name and address of school currently attending: _____

Name of School Counselor: _____ Phone: _____

Date of Graduation: _____

College/University in which applicant plans to enroll: _____

Acceptance Date: _____ Intended Major: _____

Scholarship applying for: _____

(Please select only one)

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Guardian Name: _____ Occupation: _____

Please indicate parent's yearly income before taxes (your personal income if supporting self and living away from family)

Mother's Income: \$ _____ Self: \$ _____

Father's Income: \$ _____ Total: \$ _____

Benefits:

Public Assistance: \$ _____ Social Security: \$ _____
Veterans: \$ _____

List name(s) and age(s) of all dependent children in your family:

Name:	Age:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Please give the names, addresses and telephone numbers of the two persons completing the letter of Recommendation Forms. **Family members should not serve as either of your references.**

1. Name: _____ Phone: _____
 2. Email Address: _____
 Address: _____
Street City State Zip Code

3. Name: _____ Phone: _____
 Email Address: _____
 Address: _____
Street City State Zip Code

I hereby declare that the information contained in this application is accurate and complete to the best of my knowledge.

Applicant's Signature

Parent's or Guardian's Signature

(Teacher)

Applicant's Name: _____

How well do you know the applicant? (Please check one)

- Very well (More than one year)
- Fairly well (More than one semester)
- Not very well (Less than one semester)

Please evaluate the applicant using the statements provided below. Please check the statements, which best describe the applicant in relation to students, academics and extra-curriculum activities. Please check only one response for each statement.

	Not Observed	Below Average	Average	Above Average
Makes friends easily.	_____	_____	_____	_____
Shows interest & concerns for the welfare of others.	_____	_____	_____	_____
Influences other students to work together.	_____	_____	_____	_____
Communicates effectively orally.	_____	_____	_____	_____
Communicates effectively in written work.	_____	_____	_____	_____
Sets an example of good conduct for other students.	_____	_____	_____	_____
Exerts maximum effort, showing a strong desire to achieve	_____	_____	_____	_____
Shows self-control & performs well, even under pressure.	_____	_____	_____	_____
Adjusts to demanding schedule of activities without neglect to school work.	_____	_____	_____	_____
Seeks academic challenge beyond that required by normal course work.	_____	_____	_____	_____
Sets high standards for own performance in a number of areas and activities.	_____	_____	_____	_____
Accepts constructive criticism & makes improvements from it.	_____	_____	_____	_____
Accepts full responsibility for personal shortcomings.	_____	_____	_____	_____
Teaches practical skills to others.	_____	_____	_____	_____
Participates in extracurricular activities.	_____	_____	_____	_____
Serves in leadership capacity in school organizations.	_____	_____	_____	_____
Is an all-around good volunteer and individual.	_____	_____	_____	_____

Briefly explain why you think applicant should receive this award. _____

Teacher's Name: (Please Print) _____

Email Address: _____

Phone: _____

Evaluator's Signature: _____ **Date:** _____

Recommendation Form

(Individual in Community)

Applicant's Name: _____

How well do you know the applicant? (Please check one)

- Very well (More than one year)
 Fairly well (More than one semester)
 Not very well (Less than one semester)

Please evaluate the applicant using the statements provided below. Please check the statements, which best describe the applicant in relation to students, academics and extra-curriculum activities. Please check only one response for each statement.

	Not Observed	Below Average	Average	Above Average
_____	_____	_____	_____	_____
Demonstrates interest in community.	_____	_____	_____	_____
Shows interest & concerns for the welfare of others.	_____	_____	_____	_____
Influences other students to work together.	_____	_____	_____	_____
Communicates effectively orally.	_____	_____	_____	_____
Communicates effectively in written work.	_____	_____	_____	_____
Sets an example of good conduct for other students.	_____	_____	_____	_____
Exerts maximum effort, showing a strong desire to achieve.	_____	_____	_____	_____
Shows self-control & performs well, even under pressure.	_____	_____	_____	_____
Makes friends easily.	_____	_____	_____	_____
Is a positive role model.	_____	_____	_____	_____
Accepts constructive criticism & makes improvements from it.	_____	_____	_____	_____
Accepts full responsibility for personal shortcomings.	_____	_____	_____	_____
Teaches practical skills to others.	_____	_____	_____	_____
Seeks challenges beyond those normally required.	_____	_____	_____	_____
Eagerly volunteers to help out.	_____	_____	_____	_____
Exhibits strong moral character.	_____	_____	_____	_____
Is an all-around good volunteer and individual.	_____	_____	_____	_____

Briefly explain why you think applicant should receive this award. _____

Evaluator's Name: (Please Print) _____

Email Address: _____

Phone: _____

Evaluator's Signature: _____ Date: _____

Richland County Alumnae Chapter * Delta Sigma Theta Sorority, Inc.
 Post Office Box 777 * Columbia South Carolina 29202
 Website: www.richlandcountydeltas.org

Richland County Alumnae Chapter * Delta Sigma Theta Sorority Inc.

List all school honors and awards received.

Counselor's signature required for verification and credit.

Honor or Award	Date of Honor or Award	Counselor's Signature (REQUIRED)
1.		
2.		
3.		
4.		
5.		



2022 SCHOLARSHIP APPLICATION CHECKLIST

Please verify your application is accurate and complete by ensuring all information below is in your packet when submitted:

- ❑ Application signed and all information complete
- ❑ Recommendation Forms enclosed, signed, and completed by a teacher and an individual in the community
- ❑ 250-word minimum essay (typed double spaced) enclosed. Student's name should be on each page of the essay
- ❑ Acceptance letter from an accredited college, university, or technical college enclosed
- ❑ Official transcript including class rank, GPA
- ❑ **Printed copy of SAT/ACT scores** enclosed
- ❑ School Counselor Form

Please check all pieces before submitting i.e., transcripts, letters, etc.

If mailing, consider putting all materials together in one packet to ensure documents arrive on time.

REMINDER: Completed applications must be postmarked or submitted electronically by March 11, 2022 in order to be considered for scholarships. Incomplete applications will be disqualified.

School Counselor Form

Applicant Name: _____ Sex: F ___ M ___

High School Currently Enrolled: _____

Applicant's Highest SAT Score: _____

Applicant's Highest ACT Score: _____

Applicant's Grade Point Average (on a 5.0 scale) _____

Applicant's Class Rank: _____ out of _____ students.

School Counselor's Name: _____

School Counselor's Email Address: _____

School Counselor's Signature: _____

Phone Number: () _____ Date: _____

The applicant must submit the following with their application.

- (A) An official transcript including class rank, GPA, and SAT/ACT results.
- (B) A list of all school honors and/or awards applicant has received. The school counselor must review, and sign the form. **This is mandatory.**
- (C) Forms MUST be **POSTMARKED** by **March 11, 2022** to:

**Richland County Alumnae Chapter
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 Attn: SCHOLARSHIP COMMITTEE
 Post Office Box 777
 Columbia, South Carolina 29202**

**Or submit electronically to:
rca.scholarshipmayweek@gmail.com**