

### Collier County Alumnae Chapter Delta Sigma Theta Sorority, Inc. P.O. Box 112763 Naples, Florida 34108 CollierDST@gmail.com

## Collier County Alumnae Chapter Delta Sigma Theta High School Scholarship Application

The Collier County Alumnae Chapter of Delta Sigma Theta Sorority, Inc will award (1) \$1000 and (2) \$500 scholarships for a total not to exceed \$2000 to graduating seniors in the class of 2025. Scholarship awards will be heavily based upon essay submission, student involvement and student leadership.

#### **Application Eligibility**

- 1. The application is open to Collier County high school seniors who will be accepted or enrolled in a college, university or technical institute during the 2025-2026 academic year.
- 2. Must be a United States citizen and be of Black/African Descent.

#### **Application Requirements**

- 1. A sealed official high school transcript.
- 2. Typed 750 word essay (see essay question below)
- 3. Completion of official application.
- 4. A headshot. (preferably cap and gown)

#### **Application Submission-**

- The completed application must be postmarked by the application deadline of March 22, 2025.
- 2. Please include all of the required materials in a single envelope.
- 3. Mail completed application packet to:

Collier County Alumnae Chapter Delta Sigma Theta Sorority, Inc. Attn: Lisa Adams, Scholarship Committee P.O. Box 112763 Naples, Florida 34108

**Please Note:** Applications missing any of the required documentation will be deemed void and will not be eligible for consideration. Upon being awarded the scholarship, recipients must submit proof of acceptance or enrollment into an accredited college, university, or technical institute program for the scholarship to be distributed.

#### **Essay Question:**

What are your future goals and how has being a part of the Collier County community contributed to and prepared you to accomplish these goals? How could the community better prepare future students in reaching their goals?



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## **Student Information**

Name:	(Middle)	(Last)
Date of Birth:	,	, ,
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
High School:		
Cumulative GPA:(On a 4.0 scale)*No minimum require	ement but will be considered during	the scoring process.
Current Grade Level:		
Expected Graduation Date:		
Anticipated College/University/Ted	chnical Institute to be enrolled into	o for the 2025-2026 academic year:
Please list all extracurricular active participated in since becoming a h		
Parent/Legal Guardian Informat	tion (If under age 18)	
Name:		
Mailing Address:		
(Address)  Phone Number:	Email:	(City, State, Zip Code)
I verify that the information provid	led is accurate to the best of my k	nowledge.
Signature of Applicant:		Date:
Signature of Parent/Legal Guardia (If student is under age 18)	n:	Date: