

## **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)
  - 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 **MUST BE POST MARKED BY THE LAST BUSINESS DAY OF MARCH.**

**ROCHESTER ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**

**MAUDE ORMAN SCHOLARSHIP APPLICATION FORM**

**PERSONAL INFORMATION**

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 Occupation:	
Parents' Marital Status:      Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>			
Number and Age of Siblings:    1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other <input type="checkbox"/>			
#At Home                      #In College                      #On their own			

**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 Involved:	
			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 involved:	
			From:	To:

**ROCHESTER ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.**

**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 Involved:	
			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**

<b>Subject:</b>	
<b>Location:</b>	

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**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Applicant's School and School Address: \_\_\_\_\_

The above stated student has applied for a scholarship. Please provide a brief assessment of the applicant in terms of his/her present characteristics and potential for development. Please include personality, maturity, motivation, ability, leadership, and community service.

I have known the applicant for _____ years as a _____ in my capacity as a

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 **THE LAST BUSINESS DAY OF MARCH.**
- Please notify the applicant that the recommendation has been sent.