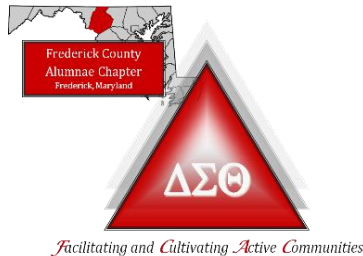


**FREDERICK COUNTY ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.**



**SCHOLARSHIP OF EXCELLENCE**  
*Community Service*

**APPLICATION PACKET**

**APPLICATION DEADLINE: APRIL 19, 2025**

**Submit completed application (in its original format) along with attachments,  
official transcript, photo, and letters of recommendation  
postmarked by April 19, 2025.**

**Notification of your interview selection will be made by May 10, 2025.**

**MAILING ADDRESS:  
FREDERICK COUNTY ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.  
P.O. BOX 1234  
FREDERICK, MD 21702**

**[WWW.DSTFCACMD.ORG](http://WWW.DSTFCACMD.ORG)**

**Frederick County Alumnae Chapter,  
Delta Sigma Theta Sorority, Inc.**  
*Scholarship of Excellence Community Service*

On January 13, 1913, twenty-two dynamic and visionary women founded Delta Sigma Theta Sorority, Incorporated on the campus of Howard University in Washington, D.C. Inspired by the concern for social welfare, academic excellence, and cultural enrichment, our Founders committed themselves to social consciousness and public service.

On April 17, 2004, the Frederick County Alumnae Chapter (FCAC) of Delta Sigma Theta Sorority, Incorporated was chartered at the Quinn Chapel Christian Life Center by 16 women. Guided by the leadership of six-chapter presidents since its inception, the membership has grown to 90 women. The members of this chapter unselfishly dedicate themselves to continuing the legacy of Delta Sigma Theta Sorority, Incorporated. We uphold educational development as a priority among our organization's programmatic thrust.

African American students are strongly encouraged to submit an application to be considered for one of our Scholarships of Academic Excellence. For additional information about FCAC, visit our website at [www.dstfcacmd.org](http://www.dstfcacmd.org).

Applications can be downloaded using the Naviance platform in the school's Guidance Office or at our website: [www.dstfcacmd.org](http://www.dstfcacmd.org).

**REMINDER: Application deadline is April 19, 2025!!!**

**You must provide all requested documentation.  
Do not submit a resume in lieu of completing the application.  
Incomplete applications will not be considered.**

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**CRITERIA**

**To apply for and receive scholarships offered by the Frederick County Alumnae Chapter Scholarship Program, one must:**

- Be a high school senior and resident of Frederick County.
- Attend a public, private, or parochial high school in Frederick County.
- Submit a completed application electronically or postmarked by April 19, 2025; signed by applicant and parent/guardian.
- Have an overall grade point average of at least **2.75** (based on a 4.0 unweighted scale). Submit an official signed transcript (signed by school official or stamped) in a separate sealed envelope if mailed.
- **Submit two (2) letters of recommendation.** **One** letter must be from a staff member from your high school that can speak to your character. **One** letter must be from someone who has supervised your involvement in a community service project referenced on your application and is not an immediate relative.
- Submit a one full-page essay to address the selected prompt.
- Submit a personal statement highlighting your community service, leadership activities, college, and career goals.
- Submit supplemental materials (photo) and artifacts (certificates) that support your service and leadership.
- Submit a recent color photograph (Ex. wallet size senior picture or other head shot). Print your name on the back of the photo.
- Enroll in a full-time program at an accredited college, university, or institution of equivalent accreditation during the 2025-2026 academic year. (If awarded a scholarship and the student takes a "Gap Year" for 2025-26, the scholarship is forfeited).
- Participate in an interview as part of the selection process.
- Provide verification of college enrollment before receiving scholarship as a condition of the award.

**NOTE:** Children of a member of the Frederick County Alumnae Chapter of Delta Sigma Theta Sorority, Inc., are ineligible to apply.

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**Personal Information (please type or print)**

**SECTION A—BIOGRAPHICAL INFORMATION**

<b>Last name</b>	<b>First Name</b>	<b>M.I.</b>	
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Number</b>	<b>Cell Number</b>	<b>E-mail address</b>	
<b>High School</b>	<b>Address</b>		
<b>G.P.A.</b>	<b>Anticipated Date of Graduation</b>	<b>Date of Birth</b>	
<b>Intended College</b>	<b>Potential major (if known)</b>	<b>Have you been accepted?</b>	
<b>Parents'/Guardians' Name(s)</b>			
<b>Name:</b>	Name:		
<b>Address:</b>	Address:		
<b>City/State:</b>	City / State:		
<b>Phone:</b>	Phone:		

Number of other dependent children in the family: \_\_\_\_\_

Of that number, how many will be enrolled in college or other schools beyond high school during the next academic year? \_\_\_\_\_

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**Honors and Awards**

Please provide information on any special honors or awards and year received each honor and award.

<b>Honors and Awards (academic, athletic, community, and/or school awards)</b>		
<b>Award</b>	<b>Source of Award</b>	<b>Reason(s) for Award</b>
1.		
2.		
3.		
4.		
5.		

**Leadership**

Please provide information on extracurricular or outside activities (i.e., clubs, sports, church, etc.) in which you have participated. Identify positions of leadership in all activities and the number of years in each activity and if applicable, the number of years in leadership with that activity.

**Leadership Positions**

Name of Group/Activity	Grade				Leadership Position(s) Held
	(Check boxes that apply)				
	9	10	11	12	
1.					
2.					
3.					
4.					
5.					

**Frederick County Alumnae Chapter,  
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**Community Service**

Please provide information on extracurricular or outside activities (i.e., clubs, sports, church, etc.) in which you have participated. Identify positions of leadership in all activities and the number of years in each activity and if applicable, the number of years in leadership with that activity.

<b>Community Service</b>					
Name of Community Service Activity	Grade (Check boxes that apply)				Contact Person
	9	10	11	12	
1.					
2.					
3.					
4.					
5.					

**PERSONAL STATEMENT**

*Type your personal statement as a separate document to upload with your application.  
Handwritten responses will not be accepted.*

As part of your scholarship application, we ask that you submit a personal statement to help us learn more about you, your journey, and your aspirations. Your personal statement should include background information, highlight accomplishments, and future aspirations. Your statement should be clear, authentic, and well-organized. It must be one (1) double-spaced page and submitted with the application.

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**ESSAY**

*Select ONE of the essay prompts below and develop an essay to fully explain the prompt as it relates to your life. Type your essay as a separate document to upload with your application. Handwritten responses will not be accepted.*

A student applying for the Community Service Scholarship is someone who demonstrates unwavering dedication to serving others within the various communities where they have involvement and impact, as well as achievement within the academic environment. They consistently strive for high standards, embrace challenges with resilience, and exhibit leadership, integrity, and a passion for learning and service.

1. How has your dedication to serving others influenced your engagement in the community? Discuss the most significant and impactful service actions that you have been involved with. What was your role and how might you expand this service into the future to have a greater impact?

2. Beyond your GPA, what qualities, skills, or experiences make you an exceptional candidate for the Community Service scholarship? Provide examples of how you've demonstrated these attributes.

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**Letters of Reference**

**References**

Two letters of reference from individuals who have knowledge of your academic, extracurricular activities, character and community service must accompany this application. References must be submitted on school or business letterhead. Instruct your references to complete the reference letter on its organization's letterhead and to sign their name across the seal of the envelope. Applications without the required references will not be considered.

Relatives and friends are not acceptable.

List names of references below.

Name:
Telephone Number:
Address:
Email:

Name:
Telephone Number:
Address:
Email:

**Academic Transcript**

Please submit an **official** transcript with your completed application documents, in a sealed envelope, marked "Issued to Student" if your application packet is being mailed. Electronic versions of the **official** transcript are acceptable and should be emailed directly to the Scholarship Chair at **Scholarship.fcacmd@gmail.com**.



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**Applicant Certification**

I/We the undersigned, certify that the information supplied by me in this application is complete and accurate. We further certify that the information is current and that the Applicant is not the child of a member of the Frederick County Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

We understand that this application packet will be kept confidential and that all submitted materials become the property of the Frederick County Alumnae Chapter of Delta Sigma Theta Sorority, Inc., except for any samples of the Applicant's work such as wall art, photography, video, class assignment, broadcast script or school newspapers. These work samples will be returned upon request, and the Applicant is responsible for arranging their retrieval.

I understand that I must participate in a personal interview with the Scholarship Committee. Additionally, if selected for a scholarship award, I acknowledge that the monetary award will be disbursed upon official certification of my enrollment. \_\_\_\_\_ (Initials)

I certify that I will be enrolled and matriculating in an institution of higher learning in the Fall of 2025. I will provide the documentation to support my acceptance at the institution of higher learning by July 15, 2025. If I am not enrolled by July 15, 2025, I may forfeit the scholarship award. I must initiate contact with the FCAC Scholarship Chair to discuss the relevant circumstances. There is no appeal process.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Parent or Guardian

\_\_\_\_\_  
Date

**Frederick County Alumnae Chapter,  
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**Media Release and Photography Form**

I understand that my child may be photographed in connection with his/her application for the scholarship awards offered by the Frederick County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (the "Chapter"). I agree that if selected my name and/or photograph may be used for publicity purposes by the Frederick County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. All information included in this application packet will be retained by the Chapter. I certify that I have read and understand the information above. \_\_\_\_\_ (Initials)

I give permission for the Chapter to publish on the Internet or media still photographs ("Images") that may be taken of my child without payment or any consideration and without notifying me. I understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's scholarship program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of, or related to the use of the Images. \_\_\_\_\_ (Initials)

I/We hereby certify that I/We are the parents/guardians of \_\_\_\_\_, authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child. \_\_\_\_\_ (Initials)

I hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

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Signature of Applicant's Parent or Guardian

Date

**If you have any questions please contact**  
**Tracy Hilliard, Scholarship Chair**  
**Mary Wright, Scholarship Chair**  
[Scholarship.fcacmd@gmail.com](mailto:Scholarship.fcacmd@gmail.com)