



**BEAUFORT ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
SCHOLARSHIP ELIGIBILITY CRITERIA**

The applicant must complete the Sorority's **2024-2025** Scholarship Application. Please type or print clearly and sign the Scholarship Application Form. Graduating seniors at Beaufort High, Battery Creek High, Whale Branch Early College High, and Ridgeland Secondary Academy of Excellence are encouraged to apply for the BAC Scholarship. All applicants and parents are encouraged to attend an *Essay Writing and Free Application for Federal Student Aid (FAFSA)* BAC workshop. **Instructions for Submitting a Beaufort Alumnae Scholarship:**

- Submit an application signed by the student and parent(s) or guardian by mail or email
- Submit an official school transcript and class rank in a sealed school letterhead envelope
- Submit SAT or ACT scores (**certified by the school counselor**)
- Submit a typed essay, **400-750 words (one to two pages)**, stating how this Scholarship will be used to further your educational and career goals
- Provide a FAFSA document (e.g., a copy of the Confirmation Page for **2024-2025**)
- Have a copy of an acceptance letter and an enrollment date from an accredited University, College, or Technical College
- **Submit three (3) Letters of recommendation:**
 1. School Official (i.e., **principal, asst. principal, counselor**) – addressing academic growth and development and future promise
 2. Character Reference (i.e., **minister, neighbor, supervisor**) – addressing conduct, behavior, attitude, and moral principles
 3. **Employer, GEMS/EMBODI instructor, or teacher** – addressing leadership skills, community service activities, and work ethics (identify critical roles and responsibilities)
- **Letters of Recommendation** must be written on letterhead, signed in blue or black ink by the writer, and enclosed in a sealed envelope addressed to Beaufort Alumnae Chapter, Delta Sigma Theta Sorority, Inc. If the responder does not have a letterhead, they must include their full name, mailing address, email address, and a contact number on the letter. Letters must include . . .
 - a) the name and contact information of the reference
 - b) the relationship with the applicant
 - c) how long the reference has known the applicant, and
 - d) information regarding why the applicant should receive the scholarship award
- All documents must have the appropriate signature. All questions on the application must be answered. Incomplete applications will not be considered. The school transcript must be sent directly from the school in a sealed envelope. FAFSA information must be provided.

ALL SCHOLARSHIPS APPLICANTS MUST BE A RESIDENT OF BEAUFORT OR RIDGELAND-JASPER COUNTY.

ALL INFORMATION AND COMPLETED SCHOLARSHIP APPLICATIONS ARE TO BE RECEIVED BY 11:55 P.M., FRIDAY, MARCH 7, 2025, TO THE FOLLOWING:

Beaufort Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated
Attn: Scholarship Committee
P. O. Box 1244
Beaufort, SC 29901
OR
beaufortdeltasscholars@gmail.com



**BEAUFORT ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
SCHOLARSHIP APPLICATION**

The information that you give on this form is confidential. The Beaufort Alumnae Chapter of Delta Sigma Theta Sorority, Inc., determines the scholarship criteria and reviews applications individually.

Section I: Student Profile

Last Name: _____ First Name: _____ Middle Name: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Home Address: _____ (Street) _____ (PO Box)

City: _____ (Residential) State: _____ Zip: _____

Date of Birth _____ Age: _____ Sex: Male _____ Female _____

High School Attending: _____

With whom do you live? _____

Section II: Scholarship monies you have or will receive (used only for informational purposes).

Name of Scholarship _____ Amount \$ _____

Name of Scholarship _____ Amount \$ _____

Name of Scholarship _____ Amount \$ _____

Are you eligible to apply for additional S.C. State Scholarships, i.e., Palmetto, Life? _____ Yes _____ No

Section III: Colleges or Universities you have applied to

Name of School to Which You Applied	City/State	Status of Application
1.		
2.		
3.		
4.		
5.		
6.		

College or University you will be attending:**Anticipated Date of Enrollment:** _____**Section IV: Extra-curricular/Athletic Activities/Leadership**

Name of Group/Activity	Grade (Check boxes that apply.)				Leadership Position(s) Held
	9	10	11	12	
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Section V: Volunteer Experience/Community Service Activities (e.g., school, religion, social groups)

Organization	Grade (Check boxes that apply.)				Position(s) Held
	9	10	11	12	
1.					
2.					

3.						
4.						
5.						
6.						

Section VI: Work Experience (if applicable)

	Employer	Dates of Employment	Position(s) Held
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Section VII: BAC, Delta Sigma Theta Sorority, Inc., activities participation

Select the Beaufort Alumnae activities that you have been a participant in.

Jabberwock ____ No ____ Yes: If yes, year(s) of participation _____

GEMS ____ No ____ Yes: If yes, year(s) of participation _____

EMBODI ____ No ____ Yes: If yes, year(s) of participation _____

Essay, FAFSA Workshop ____ No ____ Yes: If yes, year(s) of participation _____

Other: _____ No ____ Yes: If yes, year(s) of participation _____
 (Year(s) of participation should indicate the year and date (e.g., 2021 to 2022 OR from 2021 to 2025), as well as the number of years (e.g., 1, 2, or 3) the applicant participated

Section VIII: Parent/Guardian Information

Parent(s) or Guardian(s) Name:

Address (if different from above) _____

City _____ State _____ ZIP _____

Number of adults and dependent children in household _____ Dependents in College _____

Parent(s) or Guardian(s) place of employment: _____

Parent(s) or Guardian(s) Job Title/Type of Employment _____

Please note any exceptional circumstances:

If selected, the Scholarship Committee reserves the right to ask for proof of income status (e.g., information will be used confidentially by the Committee as a tiebreaker when the criteria total of the applicants is the same).

Have you applied for Financial Aid? ____ Yes ____ No (If yes, provide a copy of SAR with this application).

Section IX: Collegiate Career Goal

Briefly, in an essay (**400–750 words, one to two pages**), state your reason for wanting to further your education and the career goal(s) you expect to achieve by furthering your education. Please type on a separate sheet.

Section X: Applicant's Certification, Parent's Witness Signatures, and Media Release Signatures

____ I certify that the information provided on this application is true and correct to the best of my knowledge.

____ I understand that completing this application does not guarantee scholarship funds.

Signature of Applicant

Date

Signature (Parent Witness)

Date

MEDIA RELEASE AND PHOTOGRAPHY WAIVER

I understand that if my child is awarded a BAC Scholarship, my child may be photographed, and a release must be signed and submitted to complete this application.

Signature of Applicant

Date

Signature of Applicant's Parent or Guardian

Date

Section XI: School Counselor's Certification

SAT Score: ____ ACT Composite Score: ____ GPA: ____ On a Scale of: ____

Counselor's Signature

Date

Section XII: Checklist

- _____ All required signatures
- _____ *Transcript – Current High School (Include grading scale), class rank
- _____ *Reference Letters
- _____ Essay (400–750 words)
- _____ *Counselor’s Certification
- _____ Completed Application by the Applicant

Please include your letters of recommendation, official transcripts, and current GPA scale when submitting this application in a sealed envelope (where required, letterhead for letters and envelopes).

**ALL SCHOLARSHIPS APPLICANTS MUST BE A RESIDENT OF BEAUFORT OR
RIDGELAND-JASPER COUNTY**

SEND TO: **Beaufort Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated; Attn: Scholarship Committee; P. O. Box 1244,
Beaufort, SC 29901**

OR

Email to beaufortdeltasscholars@gmail.com. Documents emailed must be in PDF format by originators/responders with original signatures in blue or black ink. A student should not handle nor email documents marked with an asterisk {*}; such documents will not be accepted if emailed by the student or family member. Letters of Recommendation must come directly from the source in a sealed envelope or can be emailed to beaufortdeltasscholars@gmail.com; accepted up to 11:55 p.m., Friday, March 7, 2025. Documents postmarked or mailed after Wednesday, March 5, 2025, will not be accepted.