



BEAUFORT ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.

SINGLE-PARENT COLLEGIATE SCHOLARSHIP

INSTRUCTIONS FOR COMPLETING THE BAC COLLEGIATE SINGLE-PARENT SCHOLARSHIP APPLICATION

1. Applicants must complete the application. Please type or print clearly.
2. Applicant must include a **typed narrative of 400-750 words** stating how current county and national economics, policies, and events have shaped their career choice and the benefit of receiving the Beaufort Alumnae Scholarship to achieve their career goal.
3. Additional attachments required:
 - Three (3) signed letters of recommendation from the following . . .
 1. A current instructor
 2. A character reference letter. One of the people listed as a reference on the application may be used (e.g., a minister, neighbor, or supervisor). The person writing the letter should be someone other than a relative who knows the applicant well.
 3. A *financial member* of the Beaufort Alumnae Chapter of Delta Sigma Theta Sorority, Inc., who is not a relative. Sign all letters with an original signature in blue or black ink.
 - Official transcript (in a sealed envelope).
 - A supporting resume
 - All required attachments in numbers 1–3 must be on letterhead and enclosed in a sealed letterhead envelope, where applicable. If the responder does not have a letterhead, they must include their full name, mailing address, email address, and contact number on the letter. Letters must include:
 - a) the name and contact information of the individual responder
 - b) the relationship with the applicant
 - c) how long has the responder known the applicant
 - d) information regarding why the applicant should receive the scholarship award
 - Transcripts must be in a sealed envelope (mail-ins or hand-delivered) having the college or university logo. If a transcript is sent via email or through parchment, the transcript must come directly from the college to the attention of the BAC Scholarship Committee at beauforddeltasscholars@gmail.com.
 - A copy of the Letters of Recommendation can be submitted with the printed application if the originator has the letter in a sealed envelope. Letters may come directly from the author to the Scholarship Committee via email or postmarked mail before the cut-off date. **Electronic signatures are not acceptable.**
 - The completed application and supporting documentation, including the school transcript, must be received, and postmarked no later than **March 7, 2025, to be considered**. If using the postmark date, the Scholarship Committee must receive the application within three calendar days of the deadline date. Applications received more than three (3) calendar days after the postmarked date will not be considered. **FRIDAY, MARCH 7, 2025, AT 11:55 P.M., IS THE CUTOFF DATE FOR 2024-2025 BAC SINGLE-PARENT SCHOLARSHIP APPLICATIONS.**

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

Submit all information and the completed scholarship application to the following address:

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



**Beaufort Alumnae Chapter
Delta Sigma Theta Sorority, Inc.**

SINGLE-PARENT COLLEGIATE SCHOLARSHIP APPLICATION

Last Name: _____ First Name: _____ Mi. Initial _____

Address: _____
Street City State Zip Code

Email Address: _____

Date of Birth: _____ Sex: F ____ M ____ Citizenship: _____

Name and address of Higher Ed Institution currently attending: _____

Name of Advisor: _____ Phone No. _____

Major: _____ Minor (if applicable): _____

Current GPA: on _____ scale of _____ Current Classification: _____

Completed Course Credits: _____ No. of Anticipated Courses for Fall _____: List Courses:

Honors, Awards, and Scholarships received (indicate dollar amounts where applicable) _____

Are you eligible to apply for additional South Carolina State Scholarships **or** receive a Need-Based Grant? _____ Yes _____ No (if yes, provide names)

Employer (if applicable): _____ Phone No. _____

Email Address (if applicable): _____

Proof of Financial Aid (attach a copy of the Conformation Page for 2024-2025B) **or** N/A: _____
(Beaufort Alumnae reserves the right to ask for proof of income when necessary.)

If FAFSA information is not available, please provide the following:

- Yearly income \$ _____
 - Veteran's income \$ _____
 - Court ordered income \$ _____
- Public assistance \$ _____
 - Social Security \$ _____

TOAL INCOME AND BENEFITS (Household Income) _____

List names and ages of children:

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____

List organizations in which you hold membership and include title and responsibility; also list volunteer services. (Attach an additional sheet if necessary.)

Please give the names, addresses, and telephone numbers of two (2) persons, **other than members of your family**, who are character references:

Name: _____ Phone Number: _____

Address: _____

Street	City	State	Zip Code
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Name: _____ Phone Number: _____

Address: _____

Street	City	State	Zip Code
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_____ I certify that the information in this application is accurate and complete to the best of my knowledge.

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

Applicant's Signature

Date

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RIDGELAND-JASPER COUNTY**

CHECKLIST

**ATTACH ALL OFFICIAL DOCUMENTS IN A SEALED ENVELOPE
ON LETTERHEAD, WHERE APPLICABLE IN A LETTERHEAD
ENVELOPE.**

- _____ **All Required Signatures**
- _____ **College Transcript**
- _____ **Reference Letters**
- _____ **Essay (one page)**
- _____ **Academic/Employment Resume**
- _____ **Advisor's Certification**
- _____ **Financial Verification**
- _____ **Completed Application**

Send or email questions and concerns to:

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

**ALL APPLICANTS MUST BE A RESIDENT OF BEAUFORT OR RIDGELAND
COUNTY (RESIDE WITHIN THE SERVICE AREA OF THE BEAUFORT
ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.)**