



Whiteville Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
A Service Sorority Founded in 1913

2025-2026 College Scholarship Application

Applications must be postmarked to:

Whiteville Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Scholarship Committee
P.O. Box 1422
Whiteville, NC 28472

by

April 1, 2026

**For additional information contact:
Ms. April Corbett or Mrs. Jackquelyn Piggott
Scholarship Committee
whitevillealumnae.nc@gmail.com**



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Dear Applicant:

The Whiteville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. invites you to apply for its annual scholarship. Four scholarships will be awarded - two scholarships for Jabberwock contestants, Delta GEMS participants, or EMBODI participants and two scholarships for two high school seniors based on scholastic achievement, financial need, community involvement, completeness of application, essay, and acceptance into a baccalaureate degree granting institution. Delta Youth Initiative applicants must have participated and fulfilled the requirements of GEMS or EMBODI by attending 75% of meetings and activities during the course of their enrollment in the program.

Participants of Delta Youth Initiatives: If you are accepted as a scholarship recipient, an award will be given in two equal payments upon receipt of verification of your enrollment at each interval:

- 1st payment in the fall
- 2nd payment in the spring

High School Seniors (Non Delta Youth Initiatives): If you are accepted as a scholarship recipient, an award will be given in the fall of the graduating year upon verification of your enrollment (Jabberwock contestants and Delta youth Initiatives participants are not eligible for this scholarship).

If you fail to enroll by the fall of the coming year (2026), become an unwed mother or father, a public offender, or marry, you forfeit your rights to the scholarship. If you are involved in an act of misconduct, your scholarship may be revoked pending review. If you are chosen to receive a scholarship, it is your responsibility to send verification by letter to the chapter upon enrollment into the institution. Verification of enrollment may be obtained from the business office or the registrar's office of the institution.

The enclosed application has to be postmarked on or before April 1, 2026 to Ms. April Corbett, Scholarship Committee Chairperson, at the above address. Before you mail your application, please be sure you have included all the items listed on the enclosed checklist. **Applications received after April 1, 2026 will not be considered.**

We wish you much success in your future endeavors.

Sincerely,

Mrs. Trina Davis
President

Ms. April Corbett
Chairperson, Scholarship Committee



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Checklist for Submitting Application

1. Scholarship Application Form is included and all areas complete.
2. Three letters of recommendation
 - a. One from a person who is aware of your community involvement
 - b. One from a school representative (teacher, principal, etc.)
 - c. One personal recommendation (no family members)
3. High school transcript
4. Verification of acceptance into a baccalaureate program
5. One-page essay
 - a. (Essay will be judged on content, grammar, punctuation, spelling, neatness, and format.)
6. Mailed application on _____
 - a. (Application packet must be postmarked on or before April 1, 2026) Hand delivery applications will not be accepted, you must mail your application to Whiteville Alumnae Chapter, Delta Sigma Theta Sorority, Inc., Attn: Ms. April Corbett, Scholarship Committee, P.O. Box 1422, Whiteville, NC 28472.

Delta Sigma Theta Sorority, Inc. is an international public service sorority that is comprised of over 250,000 predominately African-American women. Encouraging young men and women to achieve excellence through higher education is a primary focus of our organization. We support this focus by awarding scholarships to young people who exemplify academic excellence, strong leadership, and community involvement. We are asking all guidance counselors to distribute this scholarship packet to all applicants



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that meet the minimum criteria (You may make copies as needed). **Scholarship applications must be postmarked no later than April 1, 2026.**

This scholarship program is for graduating high school seniors only. However, applicants attending a community college shall show official proof of an associate degree earned, proof of acceptance into a baccalaureate program and submit an application within two years of high school graduation. Incomplete applications will not be considered; however, the application may be copied.

- Applicants must be graduating seniors who reside in and attend school in the Columbus County, Bladen County and Whiteville City School district. Applicants must attend an accredited college, university or post-secondary institution in pursuit of a degree within two years of graduation.
- Applicants must have at least a 3.0 cumulative Grade Point Average on a 4.0 scale in order to qualify for a scholarship award. Applicants are required to submit an Official high school transcript with a numerical value and official signature, by the guidance counselor, and submitted in an official sealed envelope.
- Applicants are required to submit three typed letters of recommendation in a sealed envelope.

Applicants are required to submit a typed 1 page narrative essay explaining why they are deserving of a scholarship and how the scholarship will assist them in achieving their goals.

The essay is an important part of the selection process. **Essay must be double-spaced, 12 point times New Roman font, one-page maximum, one-inch margin on all sides, name typed in the upper right hand corner of the page.**

In reviewing the essays, the judges will consider the following criteria in selecting winners:

- Creativity
- Correct use of grammar and punctuation
- Originality and quality of ideas presented
- Neatness
- Ability to adhere to presented topic(s)

Student Profile:

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Email Address: _____

Parent/Guardian: _____

Parent/Guardian Address (if different from above): _____

Parent/Guardian Address (if different from above): _____



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Academic Profile:

High School Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Cumulative Grade Point Average (on a 4.0 scale): _____

Class Rank: _____

Please include your official high school transcript with numerical value and official signature in an official sealed envelope with application

Employment:

Are you currently employed? YES NO

If yes, Employer Name: _____

Position: _____

Date of Hire: _____ Average hours worked per week: _____

Scholastic Achievements

Extra-Curricular Activities (e.g., academic, church, community, sports):



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Collegiate Goals

Please list in order of preference the top four colleges to which you have applied or plan to apply.

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

What course of study do you plan to pursue?

Family Financial Information

Adjusted Gross Income of Parent(s)/Guardian(s)

() Under \$30,000
() \$31,000 to \$50,000
() \$51,000 to \$75,000
() \$76,000 to \$100,000
() Over \$100,000

Total number of members living in the home dependent on stated income: _____

References-List two

A. Name _____

Address _____

Phone Number _____

B. Name _____

Address _____

Phone Number _____

All information provided in this package is correct to the best of my knowledge.

Applicant Signature

Parent/Guardian Signature

Date



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SCHOLARSHIP APPLICATION DISCLAIMER

AGREEMENT FOR DISBURSEMENT OF SCHOLARSHIP FUNDS

I, _____ (Parent/Guardian) acknowledge and understand that the scholarship awards received by the winners will only be disbursed in a lump sum payment directly to the recipient (Applicant's Name: _____).

Scholarship Award must be claimed within 1 year from date of award, or it will be forfeited. No exceptions.

The Whiteville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. will forward these funds to the recipient upon receipt of an Official Enrollment Verification Form. The funds will then be mailed to the recipient after verification.

I recognize and accept these conditions for the disbursement of any scholarship award my child may receive.

Parent/Guardian Signature

Date



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INSTRUCTIONS TO BE GIVEN TO REFERENCES

Please have your references submit a typed letter of recommendation for you. These letters should be addressed to Delta Sigma Theta Sorority, Inc. Whiteville Alumnae Chapter and include the following:

- **Name and address of reference**
- **Relationship to applicant (what capacity do you know the applicant)**
- **How long reference has known applicant**
- **Information regarding why applicant should receive the scholarship award** ● **Any known leadership abilities/capabilities**

The letter should be placed in a **sealed envelope** before returning to the applicant. Failure to include all required information listed above will result in an incomplete packet and result in the applicant receiving a **lower score or making the application incomplete, thereby ineligible**.