



ANNAPOLIS ALUMNAE CHAPTER

*Delta Sigma Theta Sorority, Inc.*

A SERVICE SORORITY

P.O. BOX 1647

ANNAPOLIS, MD 21404

*Class of 2022*  
*Outstanding Scholar Award*  
*High School Application*



APPLICATION DEADLINE: Friday, February 11, 2022

Must be received by: Friday, February 11, 2022

Annapolis Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P. O. Box 1647  
Annapolis, Maryland 21404

Or Email [\\_scholarship@annapolisalumnaedst.org](mailto:_scholarship@annapolisalumnaedst.org)

**Annapolis Alumnae Chapter, Delta Sigma Theta Sorority, Inc.  
P. O. Box 1647, Annapolis, Maryland 21404**

**Profile Checklist for  
Outstanding Scholar Award**

To Parents and Students:

Students must attend one of the High Schools in Anne Arundel County.

Please use the list below to assist you in submitting a complete packet. Check off each item included. Parents and students are asked to sign the checklist confirming that each item has been included.

1. \_\_\_\_\_ Profile Sheet
2. \_\_\_\_\_ Application Packet for Outstanding Scholar Award
3. \_\_\_\_\_ Biography
4. \_\_\_\_\_ Letter of recommendation from community source (on letterhead)
5. \_\_\_\_\_ Letter of recommendation from teacher or coach/advisor (on letterhead)
6. \_\_\_\_\_ Letter of recommendation from Guidance Counselor (on letterhead)
7. \_\_\_\_\_ Transcript needs to be mailed directly from the school to Annapolis Alumnae Chapter Post Office Box
8. \_\_\_\_\_ ACT OR SAT SCORES
9. \_\_\_\_\_ Senior year picture or comparable picture  
**(NO PROOFS OR SCANNED PICTURES WILL BE ACCEPTED)**
10. \_\_\_\_\_ Photo and Video Media Release Form

\_\_\_\_\_  
Student (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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AACDST-Revised 10/6/21

**THE COMMITTEE WILL NOT EVALUATE AN INCOMPLETE PACKET**

## **Application for Outstanding Scholar Award**

Applicants are eligible who:

- Are a resident of Anne Arundel County
- Are African American high school seniors
- Have at least 3.0 GPA
- Plan to pursue post-secondary education in an accredited four year program

**NOTE:** The award is contingent upon acceptance and registration at an accredited four-year institution.

### **INSTRUCTIONS FOR APPLICANTS**

1. Print or type the answers to all questions (printing must be legible) on the attached “Application Data Sheet for Outstanding Scholar” and mail it to the address below.
2. Give the Request for Transcript form to your school guidance counselor or appropriate administrator. Fill in your name in the space as the applicant.
3. Please provide a biography to include information to be shared at the Annual Spring Event, which will be Virtual in May 2022. Include your future goals, major and college you wish to attend.
4. Have three “Recommendation for Scholarship Award” forms completed by those who will be writing your letter of recommendation. A school activity advisor or a teacher with whom you have studied should complete at least one form. An adult (not a relative), as well as a guidance counselor, and a community representative who knows your work in the community should complete the other two forms.
5. Letter of Recommendation must be completed on letterhead.

**ALL OF THE ABOVE MUST BE COMPLETED AND RECEIVED BY  
FRIDAY, February 11, 2022**

Send all information to:

**Annapolis Alumnae Chapter of DST, Inc.**

**P.O. Box 1647**

**Annapolis, Maryland 21404**

**Attention: Alva-Sheppard-Johnson and Loretta H. Miller, Co-Chairpersons**

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AACDST: Revised 10/6/21

## **CRITERIA FOR OUTSTANDING MINORITY SCHOLARSHIP AWARD**

The student must:

- Be a U.S.A. citizen and an African American who is a resident of Anne Arundel County, Maryland
- Be a graduating African American senior in the Class of 2022 with at least a cumulative GPA of 3.0
- Plan to pursue post-secondary education in an accredited four-year college or university.
- Be an active participant in school activities
- Be a volunteer in the community
- Submit letters of recommendation from the guidance counselor, a community service representative, and a school activity advisor or current teacher. They must be completed on letterhead.
- Attend one of the High Schools located in Anne Arundel County.

## **Personal Data Sheet for the Outstanding Scholar Award**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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### **High School Data**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_, 2022

Name of Guidance Counselor: \_\_\_\_\_

**Please complete the Personal Data Sheet on the next page highlighting:**

- Extra-curricular activities including offices held, honors received, etc.; and school activities in which you have actively participated.
  
- Community groups in which you have participated and offices held, and honors received; include such groups as religious, athletics, scouts, etc.,

## PERSONAL DATA SHEET

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

**What Organizations are you a member of?**

**Office(s) held:**

**Honors:**

**School Activities/Extra Curricular Activities:**

**Community Activities:**

**List colleges / universities you plan to attend:**

**Applicant's Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_**

**Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_**

## **BIOGRAPHY**

Please provide a biography to include information to be shared at the Annual (Virtual) Spring Event and/or Outstanding Scholar Award Program. Include your future goals, major, and college you wish to attend.



**RECOMMENDATION FOR  
OUTSTANDING SCHOLAR AWARD**

APPLICANT'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SCHOOL: \_\_\_\_\_

The above named student is applying for a scholarship award presented by the Annapolis Alumnae Chapter of Delta Sigma Theta Sorority, Inc. It will be helpful if you would include in your recommendation any knowledge you have concerning this student's academic performance, community involvement and service, the capacity and length of time known to you, an assessment of the potential for achievement and any other information that may be helpful in our evaluation of the applicant. Please include this information on appropriate letterhead. Submit your letter of recommendation to the applicant in order for the applicant to have it submitted and received by Friday, February 11, 2022.

Thank You,

The Scholarship Committee

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AACDST: Revised 10/6/21

## REQUEST FOR TRANSCRIPT

\_\_\_\_\_ is applying for the “Outstanding Scholar Award” presented by the Annapolis Alumnae Chapter of Delta Sigma Theta Sorority, Inc. As a part of our evaluation, we are requesting an official copy of the applicant’s transcript-to-date, on or before Friday, February 11, 2022. Please have high school mail the transcript to:

Annapolis Alumnae Chapter of DST, Inc.

Attention: Scholarship Committee

P.O. Box 1647

Annapolis, Maryland 21404

Thank you,

Mrs. Loretta Miller, Scholarship Committee Co-Chair

Mrs. Alva Sheppard-Johnson, Scholarship Committee Co-Chair

**PHOTOGRAPH, MEDIA, AND VIDEO AUTHORIZATION RELEASE FORM**

I/We, \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_, give permission for Annapolis Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images (“Images”) taken of my child during participation in Outstanding Scholarship Award Youth Initiative Program activities, without payment or any consideration and without notifying me in advance.

I/We also give permission for the Chapter to highlight my child’s achievements and activities in efforts to promote the youth initiative program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorized the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the Outstanding Scholarship Award Youth Initiative 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.

I/We 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 and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name