

# North Charleston Alumnae Chapter

Delta Sigma Theta Sorority, Inc.

## 2026

---

# Scholarship Application



"Education is the passport to the future, for  
tomorrow belongs to those who prepare  
for it today."

—

Malcolm X

Dear Prospective Scholarship Applicant:

This scholarship is sponsored by the North Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Inc. as a means of assisting deserving graduating high school students who want to continue their post-secondary education at a four-year college/university. To be an eligible applicant for this scholarship one must:

Be a graduating high school senior in the North Charleston service area of North Charleston Alumnae Chapter of Delta Sigma Theta:

- Academic Magnet High School
- Allegro Charter High School
- Charleston County School of the Arts
- Greg Mathis Charter High School
- Military Magnet High School
- North Charleston High School
- Palmetto Scholars Academy
- R. B. Stall High School

**OR** a graduating senior that participated in NCAC 2024 Cotillion; and,

- Have a minimum GPA of 3.5
- Have taken the SAT or ACT
- Participated in school & community activities
- Have been accepted and is attending a college or university in the Fall of 2025.

**PLEASE TAKE THE TIME TO CAREFULLY REVIEW THE APPLICATION.**

**All application packets must be POSTMARKED by March 17, 2026**

Interested applicants should submit a completed application that:

- Is neatly handwritten in blue or black ink or typed.
- Is thoroughly filled out, printed, and signed (cannot be digitally signed)
- Includes Parent or Guardian information and signature (cannot be digitally signed)

**THE FOLLOWING ITEMS *MUST* BE RETURNED WITH YOUR COMPLETED APPLICATION TO BE CONSIDERED FOR THIS SCHOLARSHIP.**

- Copy of SAT or ACT Scores, (PSAT Scores will NOT be accepted)
- Two (2) letters of Recommendation:
  - From either your Principal, School Counselor, or Academic Advisor highlighting academic achievement in **a sealed envelope.**
  - From a community or church affiliate that can verify your public service involvement, state your duties, show the total hours earned, and attest to your character in **a sealed envelope.**
- Typed one-page autobiographical sketch, including academic/career goals, public service involvement, a statement of why the scholarship is important, and the expected benefit to be derived.
- A sealed official high school transcript to include first semester grades of the senior year and must include cumulative GPA. **A completed packet must be postmarked by March 17, 2026 and mailed to:**

**North Charleston Alumnae Chapter  
ATTENTION: SCHOLARSHIP COMMITTEE  
P.O. Box 62114  
North Charleston, SC 29419.**

Incomplete packets will NOT be considered or returned. If there are questions regarding the application process, please contact the Scholarship Committee Chair, Richardine Singleton Brown, at 843-813-5886 or via email at: [ncacdtscholarship@gmail.com](mailto:ncacdtscholarship@gmail.com) or President Shanta Barron-Millan at [ncharlestonalumnaedst@gmail.com](mailto:ncharlestonalumnaedst@gmail.com).



# North Charleston Alumnae Chapter Delta Sigma Theta Sorority, Inc.

Please read this application in its entirety. It is important this form be accurately completed.

## **PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Proposed Major in College: \_\_\_\_\_

## **PARENTAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **SCHOOL INFORMATION**

High School: \_\_\_\_\_  
G.P.A. \_\_\_\_\_ Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

## **SCHOOL INVOLVEMENT/ACTIVITIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **HONORS & AWARDS RECEIVED WITHIN PAST 3 YEARS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY /CHURCH INFORMATION**

**COMMUNITY/CHURCH INVOLVEMENT (ACTIVITIES, ETC.)**

-----  
-----  
-----  
-----

**COLLEGES/UNIVERSITIES**

List name(s) and locations of colleges/universities to which you have been **ADMITTED for Fall 2025:**

College/University: -----

Address:-----

College/University: -----

Address:-----

College/University: -----

Address: -----

College/University: -----

Address:-----

College/University: -----

Address:-----

College/University: -----

Address: -----

College/University: -----

Address:-----

College/University: -----

Address:-----

College/University: -----

Address: -----

***IF NEEDED, ATTACH ADDITIONAL SHEET(S)***

## **Colleges/Universities**

List name(s) and locations of colleges/universities to which you have **APPLIED** for Fall 2025 and you are waiting for a decision from the Department of Admissions.

College/University: \_\_\_\_\_

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

College/University: \_\_\_\_\_

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

College/University: \_\_\_\_\_

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

College/University: \_\_\_\_\_

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

College/University: \_\_\_\_\_

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

College/University: \_\_\_\_\_

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

College/University: \_\_\_\_\_

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

College/University: \_\_\_\_\_

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

***IF NEEDED, ATTACH ADDITIONAL SHEET(S)***

## Certification Statement

I hereby certify, to the best of my knowledge, that all information submitted on this application is complete and correct. I understand that, if awarded, the funds will be made payable to the student for his/her college education.

Applicant printed name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**COMPLETED PACKETS MUST BE POSTMARKED BY MARCH 17, 2026 AND MAILED TO:**

**North Charleston Alumnae Chapter  
ATTN: Scholarship Committee  
P.O. Box 62114  
North Charleston, South Carolina, 29419**



# North Charleston Alumnae Chapter Delta Sigma Theta Sorority, Inc.

Please read this application in its entirety. It is important this form be accurately completed.

## **School Official Recommendation Form**

The student below is applying to for a scholarship from North Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Inc. The selection committee is seeking an honest appraisal of the applicant's qualifications. The student's demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcomed. This appraisal is confidential and will not be seen by the applicant.

**Please attach your letter of recommendation to this completed form and RETURN TO STUDENT IN A SEALED ENVELOPE.**

**PLEASE NOTE: The STUDENT'S COMPLETED PACKET MUST BE POSTMARKED BY MARCH 17, 2026.**

I, \_\_\_\_\_, request that you complete this recommendation form. It is a requirement for my application for the North Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Inc. scholarship program. I understand that by signing this form, I waive my right to view the contents of your recommendation letter.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

### ***Recommender's Information***

Name \_\_\_\_\_

Signature: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE RETURN THIS FORM AND YOUR LETTER, TO THE STUDENT, IN A SEALED ENVELOPE.**



# North Charleston Alumnae Chapter Delta Sigma Theta Sorority, Inc.

Please read this application in its entirety. It is important this form be accurately completed.

## **Community or Church Affiliate Reference Recommendation Form**

The student below is applying to for a scholarship from North Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Inc. The selection committee is seeking an honest appraisal of the applicant's qualifications. The student's demonstrated academic ability, scholarship, leadership, character, and other pertinent facts are welcome evidence. This appraisal is confidential and will not be seen by the applicant. **Please attach your letter of recommendation to this completed form and RETURN TO STUDENT IN A SEALED ENVELOPE.**

**PLEASE NOTE: The STUDENT'S COMPLETED PACKET MUST BE POSTMARKED BY MARCH 17, 2026.**

I, \_\_\_\_\_, request that you complete this recommendation form. It is a requirement for my application for the North Charleston Alumnae Chapter of Delta Sigma Theta Sorority, Inc. scholarship program. I understand that by signing this form, I waive my right to view the contents of your recommendation letter.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

### **Recommender's Information**

Name \_\_\_\_\_

Signature: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE RETURN THIS FORM AND YOUR LETTER, TO THE STUDENT, IN A SEALED ENVELOPE.**