

**KILLEEN ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
2025 SCHOLARSHIP APPLICATION**

GENERAL ACADEMIC SCHOLARSHIP

1. Must reside and attend high school in the Killeen or Copperas Cove School District
2. Must have a 2.5 Grade Point Average (based on a 4.0 scale) at the time transcript is received
3. Must complete scholarship application (online, typed or written in blue or black ink)
4. Must write an essay that is 500 words, typed, double spaced, 12pt font, and a Times New Roman font face on the following topic:
 Reflect on a specific experience in your community service work that had a significant impact on both you and the community. Describe the challenges you faced, the lessons you learned, and how this experience has shaped your future goals.
5. Must submit two letters of recommendation **and** official transcript(s)
6. Must sign a Media Release and include Counselor Declaration verifying weighted GPA

JULIA F. WILLIAMS SCHOLARSHIP (only for those who plan to major in **Education**)

1. Must reside and attend high school in the Killeen or Copperas Cove School District
2. Must have a 3.0 Grade Point Average (based on a 4.0 scale) at the time transcript is received
3. Must complete scholarship application (typed or written in blue or black ink)
4. Must write an essay that is 500 words, typed, double spaced, 12pt font, and a Times New Roman font face on the following topic:
 Did your high school community, church and/or public service organizations support and prepare you for the requirements of graduating and moving forward to your next steps? Why/how or why not?
5. Must submit two letters of recommendation **and** official transcript(s)
6. Must sign a media release and Counselor Declaration verifying weighted GPA

CHECKLIST

- _____ **Completed and signed application** postmarked or emailed by March 24, 2025.
All signatures must appear on the application. If signatures are missing, applications will be rejected
- _____ **Written essay**
- _____ **Secured official transcript(s)** from Registrar or electronically. Ensure transcript is received by deadline when ordering electronically
- _____ **Signed Media Release Form** signed by parent or guardian
- _____ **Signed Counselor Declaration**
- _____ **Included two Letters of Recommendation**

- (1) Community service letter of recommendation from a community service representative such as a minister, volunteer coordinator, or employer (excluding family members) on organizations' official letterhead.
- (2) a scholastic recommendation letter from a staff/faculty member, school official such as school counselor, principal or advisor (excluding family members) on official letterhead; Recommendations should include: the length of time they have known you; personal qualities, character, leadership abilities, and/or personal or academic achievements; why they believe your future success would be enhanced by a quality education at a college/university.

ALL DOCUMENTS MUST BE RECEIVED BY MARCH 24, 2025

**Email address is kacdst2ndvp@gmail.com or mail to:
Killeen Alumnae Chapter, Delta Sigma Theta Sorority, Inc.
Attention: Scholarship Committee
P.O. Box 11334 Killeen, Texas 76547**

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YOUR INFORMATION

Name _____ Phone Number _____

Full Address _____ Email _____

High School Attended _____

Date of Birth (month/day/year) _____ Place of Birth _____

Scholarship you are applying for: General Academic _____ JFW Memorial _____

PARENT INFORMATION

Parent's Name (who we may contact) _____

Address (if different from applicant) _____

Phone Number _____

HIGH SCHOOL ACADEMICS/CLUBS/ATHLETIC ACHIEVEMENTS

Name of Award _____

Source of Award _____ Reason for Award _____

Name of Award _____

Source of Award _____ Reason for Award _____

Name of Award _____

Source of Award _____ Reason for Award _____

Name of Award _____

Source of Award _____ Reason for Award _____

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INVOLVEMENT/ACTIVITIES

Group Name _____ Grade ____ Position Held _____

Group Name _____ Grade ____ Position Held _____

Group Name _____ Grade ____ Position Held _____

Group Name _____ Grade ____ Position Held _____

Group Name _____ Grade ____ Position Held _____

Group Name _____ Grade ____ Position Held _____

EMPLOYMENT/VOLUNTEER HISTORY

Emp/Vol _____ Date _____ Position _____

Emp/Vol _____ Date _____ Position _____

Emp/Vol _____ Date _____ Position _____

Emp/Vol _____ Date _____ Position _____

*******Signature*******

I have read and understood the requirements for my application. I understand all required documents for my application are attached or will be submitted by March 24, 2025.

Signature of Applicant

Date

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Media Release and Photography Form

I understand that my child may be photographed in connection with his/her application for the scholarship awards offered by the Killeen Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (the "Chapter".) I give permission for the Chapter to publish on the Internet or media still photographs ("Images") that may be taken of my child without payment or any consideration and without notifying me. I understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's scholarship 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 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 in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

Signature of Applicant's Parent or Guardian (Required)

Date

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COUNSELOR DECLARATION

Please have your high school guidance counselor complete and sign this form. Include this form in your application packet. If it is not included in your application package, the application will be rejected.

Applicant Name _____

High School _____

Weighted GPA _____ **Rank in class** _____ **out of** _____

Counselor's Name (Print) _____

Phone _____

Counselor's Signature (Required)

Date

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