

**Central Arkansas Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.**

**2019-2020 DORISENE WALLACE-HILL SCHOLARSHIP**

The Central Arkansas Alumnae Chapter of Delta Sigma Theta Sorority, Inc. will award a scholarship to two incoming African American freshmen (1 male and 1 female) at a four-year, accredited Arkansas college or university.

The award will be based on a **2.75** or above cumulative grade point average, school and community activities, leadership, and character.

The scholarship will be a maximum of **\$1,000.00** per semester and will be awarded for one academic year.

The scholarship recipients are requested to report their first semester grades to the Chapter President. The conferring of the second semester award is contingent upon receiving a **2.5 grade** point average or above during the first semester.

**A Scholarship Application Preparation Presentation is available on the website to assist in the completion of the application packet.**

**An electronic copy of the Dorisene Wallace-Hill Scholarship Application is available at**

**<http://caacdeltas.org/programs/scholarship/>**

Central Arkansas Alumnae Chapter  
**Delta Sigma Theta Sorority, Inc.**

**DORISENE WALLACE-HILL SCHOLARSHIP APPLICATION  
AND AWARD INFORMATION**

- 1) The applicant shall be an African American graduating senior from a public high school in one of the following counties: **Conway, Faulkner, Lonoke, Pulaski, Saline, or White.**
- 2) The applicant must have a cumulative grade point average of **2.75** (on a 4.0 scale) or above.
- 3) The applicant must declare his/her intent to enroll at a 4-year, accredited Arkansas college or university during the 2019-2020 academic year and **include a copy of the acceptance letter on official letterhead with applicant's name included.**
- 4) The applicant must complete the Dorisene Wallace-Hill Scholarship Application in full.
- 5) The applicant must submit a sealed official transcript from his/her high school, which shows the **cumulative** grade point average.
- 6) The applicant must submit two signed and sealed letters of recommendation; one from a teacher **or** counselor and one from a community service leader. The letters of recommendation must address the student's character, scholastic achievement and/or improvement, as well as all community service in which the applicant has been involved. Both letters must be submitted on official letterhead.
- 7) The applicant must submit a photograph, which will be included in all submissions provided to printed publications.
- 8) The recipient and his/her parent(s) or guardian(s) will be asked to give written consent giving the chapter permission to provide their names and photos to local newspapers recognizing the award.
- 9) The award will be made payable to the recipient after submitting proof of enrollment (a letter from the admissions office with the college or university's official seal) to the chapter. The maximum amount of the award is **\$1,000.00** per semester. The second semester award is contingent upon receiving a **2.5 or above** grade point average during the first semester.
- 10) **Failure to adhere to all guidelines disqualifies an applicant.**

**MAIL THE COMPLETED APPLICATION FORM AND ALL REQUIRED  
ATTACHMENTS TO:**

Delta Sigma Theta Sorority, Inc.  
Central Arkansas Alumnae Chapter  
ATTN: Scholarship Committee  
Post Office Box 55411  
Little Rock, Arkansas 72215

**APPLICATION DEADLINE (postmarked): March 3, 2019**

**Central Arkansas Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.**

**DORISENE WALLACE-HILL SCHOLARSHIP  
APPLICATION FORM**

All information must be filled out completely on the application form. Please type. The application and all required attachments must be postmarked by **March 3, 2019**.

**APPLICANT DATA**

Last Name:                      First Name:                      Middle Initial:

Street Address

City:                      State:                      Zip:

Telephone: (        )        -

Birthday (MM/DD/YYYY):    /    /                      Sex:  Female                       Male

Name of Parent(s) or Guardian(s):

Telephone: (        )        -

Email address:

**SCHOOL DATA**

**Applicant must include an official high school transcript of grades and complete the following section. If the ACT score is not included on the official transcript, you must provide proof of your ACT score. A printout from the ACT student account is acceptable documentation.**

School Name:

Street Address:

City:                      State:                      Zip:

Cumulative Grade Point Average:        / 4.0 Scale or        /

ACT score

**BIOGRAPHICAL QUESTIONS AND INFORMATION** (Please include information from 9<sup>th</sup> – 12<sup>th</sup> grades.)

List honors, awards and extracurricular activities

List community service (including all leadership positions held)

List all of your church activities (including leadership positions held)

Job/work experience (previous and/or current jobs held)

Where do you plan to attend college?

What is your intended major and/or minor?

Why have you chosen this major and/or minor?

Why do you want to go to college?

What are your plans after completing your college education?

**PERSONAL ESSAY: Compose an essay of at least 500 words addressing the following question:**

In your opinion, what are the three most important issues affecting African Americans today, and how do they affect your future?

**The essay must be typed. Please attach additional pages to complete the essay.**

The completed application must be postmarked and mailed to the mailing address indicated below by March 3, 2019. Incomplete applications will not be considered for a scholarship.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

With this signature, I affirm that the information provided by me in this application is truthful and accurate to the best of my knowledge and understand that any information determined to be incorrect or untruthful can influence the status of my application and may disqualify me from the Central Arkansas Alumnae Chapter of Delta Sigma Theta Sorority, Inc. scholarship process.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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