

### Fort Wayne Alumnae Chapter

Celebrating 105 Years of Scholarship, Sisterhood, and Service (1913 – 2018)

# Floretta A. Clancy **Memorial Scholarship**









For Office Use Only: Application Information			
Date Received:	//	Transcript:	
Interview Date:	//	Letters:	
Approved:			



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### 2018 **Scholarship Application**

The Floretta A. Clancy Memorial Scholarship was established in 1974 as a memorial to Mrs. Floretta A. Clancy, a charter member of the Fort Wayne Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Mrs. Clancy was a dedicated teacher who sought to enhance the lives of all who came under her tutelage. It is the aim of the sorority that the scholarship be made available to students of African-American Heritage, male or female, who have demonstrated academic promise, community involvement, financial need, and are planning to pursue or continue education beyond high school at an accredited institution of higher education. This scholarship is intended for students in and/or from the Fort Wayne area only. Previous applicants, including previous recipients, may re-apply for this scholarship each year and be considered upon meeting all the requirements at the time of applying. Please note that students that are immediate family members (first and second generation) of financial and non-financial members of Delta Sigma Theta, Inc. are not eligible to apply.

#### **Eligibility Criteria:**

- 1. Permanent resident of Fort Wayne
- 2. High school senior or student matriculating at an accredited college or university
- 2. African American heritage, male or female
- 3. School and/or community involvement
- 4. Demonstrates a financial need

#### **How to Apply**

Complete the appropriate sections of the application form and submit supporting documents (current official school transcript, essay, letters of support, any additional information to clarify responses) and mail it promptly to:

#### SCHOLARSHIP COMMITTEE Delta Sigma Theta Sorority, Inc. Fort Wayne Alumnae Chapter P.O. Box 11119 Fort Wayne, IN 46855

Applications and supporting documents must be received on or before March 31, 2018.

Applications will not be considered unless required transcripts, three (3) letters of recommendation: one (1) letter from school personnel and two (2) letters from non-school personnel, and essay are received by the Scholarship Committee by March 31, 2018.

Before you submit this application, type or print in ink all information requested. If additional space is needed to answer questions, use separate sheets and attach them to this application. Please complete all information required in each section before returning the application form to the Scholarship Committee. This form must also be received by the Scholarship Committee on or before March 31, 2018.



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For additional information contact Delta Sigma Theta Scholarship Committee Chair, Amber Brown, at abrownx2010@yahoo.com or call/text at (678) 557-6448.

#### Withdrawal of Scholarships

A scholarship may be withdrawn if the recipient no longer meets the requirements set forth by the sponsor of the scholarship.



**Section One: General Information** 

# Delta Sigma Theta Sorority, Inc. A Public Service Organization





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Name of applicant in full:  (First Name Middle Name Last Name)				
Name of applicant in full:  (First Name, Middle Name, Last Name)				
Date of Birth:/ US Citizenship: ☐ Yes ☐ No				
Home Address:(Number & Street, City, State Zip/Postal Code)				
(Number & Street, City, State Zip/Postal Code)				
Home Phone: Cell Phone:				
Email:				
Parent/Caregiver Name: Cell Phone:				
Check one:   Father   Mother   Guardian				
Parent/Caregiver Email:  Check one: □ Father □ Mother □ Guardian				
What professional career do you intend to pursue?				
Have you previously received a Delta Sigma Theta Sorority, Inc. Scholarship?				
☐ Yes ☐ No If so, when?				
Total number of siblings living in the household:				
Total number of siblings currently enrolled in college:				
Total monthly household income:				
How did you get the information about this scholarship?				
Section Two: Current High School/College Information				
Name of school currently attending:				
Address of school currently attending:(Number & Street, City, State Zip/Postal Code)				
(Number & Street, City, State Zip/Postal Code)				
Are you a high school senior? □ Yes □ No				







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Request one school ministers/nonprofit/co application. They sho	personnel (i.e. teachers/counselmmunity leaders) to write lette	t: Cum. GPA on a scale of lors) and two non-school personnel (i.e. rs of recommendation in support of your ne Scholarship Committee (see address on
What college or unive	rsity do you wish to attend?	
First Choice	Second Choice	Third Choice
What is your planned	area of study (i.e. major):	
What are your career of	objectives:	
To which of these coll	eges have you applied for admis	sion?
To which have you be	en accepted?	
Have you taken the SA	AT or ACT tests? ☐ Yes ☐ N	To Date(s) and Score(s) of the test(s)
Section Three: Extra	Curricular Information	
List any honors you ha	ave received or school offices he	ld:
Other school activities	in which you have participated:	
	vity or hobby (outside of school)  in connection with this activity	interests you most? Have you received?



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Have you participated in any community volunteer activities? If so, list them.				
<b>Section Four: Further Qualifications</b>				
List all other scholarships that you are applying to and/or havapplied and awarded, and include the value of each.	ve received. Distinguish between			
ESSAY (attach to this application)				
Please describe who you are, your interests, your strengths, y reasons for pursuing a college education, with an <b>original</b> es				
Completion of this section is required for your application separate sheet. Essay must be typed, not handwritten.	to be considered. Please attach on a			
Duplicated essays will not be accepted.				
To the best of our knowledge the information in this apagree that it may be necessary for us to provide additional of in this application.	<del>-</del>			
Signature of Applicant:	Date:			
Signature of Parent(s)/Legal Guardian(s):				
Check one: ☐ Father ☐ Mother ☐ Guardian	Date:			
Check one: ☐ Father ☐ Mother ☐ Guardian	Date:			