

Moss Point Alumnae Chapter of Delta Sigma Theta Sorority Inc.
2022 Announcement of Scholarship Guidelines

All Applicants must:

- Be a 2022 graduating senior
- Live in Jackson County, MS
- Have a minimum grade point average of 3.0.
- Have an ACT score of 18 or above, or an SAT score of 860 or above.

All Application Packets must include:

- Completed and signed MPAC DST Scholarship application
- Verification form completed and signed by a School Counselor
- Student resume' (include paid and unpaid work, school activities and community involvement)
- Official transcript with GPA noted on the transcript sent via mail
- Current class schedule
- Two letters of recommendation (typed on official letterhead):
 - One letter from a school official
 - One letter from a community leader
- Student photograph for media release. Submit in JPG or PDF format or mail a wallet size photograph. Headshot preferred.

Applications should be submitted electronically/via email by 11:59pm on **April 1, 2022**, or postmarked by **April 1, 2022**, if sent via postal mail. *Sealed Official transcripts must be sent via postal mail by the deadline.* No application will be accepted after the April 1st deadline. Incomplete application packets will not be considered.

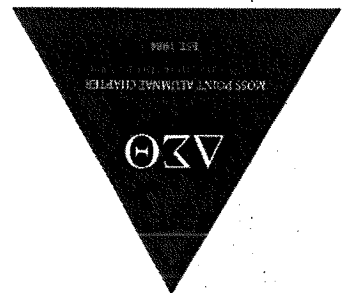
Please forward completed applications and supporting documents to:
mpac.scholarships@gmail.com

Or mail to:

Moss Point Alumnae Chapter, Delta Sigma Theta Sorority, Inc.
ATTN: Scholarship Committee
P. O. Box 8297
Moss Point, MS. 39562-8297

For a scholarship application, see your high school counselor or contact Shanda Odoms, Scholarship Chair at mpac.scholarships@gmail.com

Moss Point Alumnae Chapter
 OF
 Delta Sigma Theta Sorority, Inc.
 2022 Scholarship Program Verification Form



Name of Student: _____
 The above-named student is applying for the Moss Point Alumnae Chapter Scholarship Program. Please verify that this student is a senior in good standing and is eligible to graduate in May as of the date of your signature.

Note from Parent: I hereby give the below name counselor permission to complete and release this verification form on _____ (daughter or son name) to submit with Moss Point Alumnae Chapter, Delta Sigma Theta Sorority application packet.

Parent or Guardian Name (please print) _____

Parent Signature _____

Date _____

Name of Counselor (please print): _____

High School _____

School Address _____

Contact Number: _____ / Alternate Number _____

Is the senior in good standing and eligible to graduate in May _____ (Year) _____ Yes _____ No _____

Comments _____

Date of Senior Award Ceremony (if known): _____

Counselor Signature _____

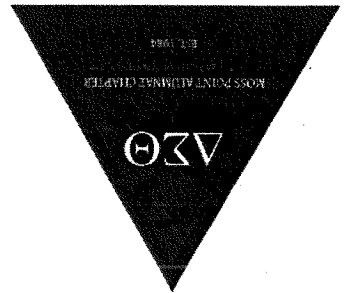
Date _____

Please return to the student to submit with the application packet.

**Moss Point Alumnae Chapter
Of
Delta Sigma Theta Sorority, Inc.
2022 Scholarship Application**

Please type or write legibly using black ink.

PERSONAL INFORMATION



Last Name _____ First Name _____ Middle Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Telephone # _____ Alternate Telephone No # _____ Email Address _____

Parent or Legal Guardian: _____ Relationship _____

Current High School: _____

Name 1-3 colleges and/or universities that you are considering and/or have been accepted:

Name _____ City/State _____

Name _____ City/State _____

Name _____ City/State _____

Prospective College Major: _____

What are your career plans? _____

Attach the following with the application (please use the Scholarship Guidelines for specific instructions):

1. Student Resume
2. Completed Verification Form
3. Official transcript with cumulative GPA, current schedule of classes, and ACT or SAT Score
4. Two Letters of Recommendation (School Official and Community Leader)
5. Wallet size photograph, JPG or PDF image (for media release),

I certify that the information provided in this application is accurate, complete, and true. I hereby grant the Moss Point Alumnae Chapter of Delta Sigma Theta Sorority, Inc. permission to utilize my name, picture, and award amount in publicity and/or marketing materials.

Print Name of Applicant _____

Signature _____

Print Name of the Parent or Guardian _____

(Required when applicant is under the age of 18)

Signature _____