

*BERTHA PITTS CAMPBELL  
SCHOLARSHIP APPLICATION*



*DELTA SIGMA THETA SORORITY, INC.  
A PUBLIC SERVICE SORORITY*

*SEATTLE ALUMNAE CHAPTER*

*PO BOX 28046  
SEATTLE, WA 98118*



Delta Sigma Theta Sorority, Inc.  
Seattle Alumnae Chapter  
Bertha Pitts Campbell Scholarship Information  
2008-2009

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Delta Sigma Theta Sorority, Inc. is an international public service organization composed of college-educated women predominantly of African-American descent. The membership of the sorority includes collegiate chapters located on university and college campuses, as well as citywide and graduate/alumnae chapters. The sorority is committed to public service projects in the African-American community.

The Seattle Alumnae Chapter will award three (3) \$2000 scholarships to women graduating from high school and pursuing higher education in recognition of one of twenty-two of the sorority's founders, the late Bertha Pitts Campbell. She exemplified outstanding leadership, academic excellence and community service in her lifetime and spent the remaining years of her life in Seattle.

### **ELIGIBILITY FOR THE BERTHA PITTS CAMPBELL SCHOLARSHIP**

To be eligible for a Bertha Pitts Campbell Scholarship, applicants must:

- Be an African-American female
- Be a citizen of the United States
- Be a graduating high school senior
- Have a 2.5 cumulative grade point average or above
- Attend a college, university, and/or accredited technical/trade school in the year following their high school graduation
- Recipient may not be a child or grandchild of a member of Delta Sigma Theta Sorority, Inc
- Demonstrate community service involvement
- Express a financial need
- Complete application and submit all required information as **one package** by the application deadline of **Friday, April 10, 2009**

## **APPLICATION PROCEDURES FOR THE BERTHA PITTS CAMPBELL SCHOLARSHIP**

Please note that the scholarship application includes several forms. All of the forms must be completed to be considered for the Bertha Pitts Campbell Scholarship. Incomplete applications and applications that are not **postmarked** by **Friday, April 10, 2009** will not be considered for an award.

1. Complete the attached application. Please note that your completed application **MUST** include:

- Scholarship Application Form
- Official high school transcript
- Financial Information
- One Letter of Recommendation on letterhead from a member of your high school leadership team, which may include the principal, teacher, counselor, and/or coach
- One Letter of Recommendation on letterhead from a community leader who is not a family member
- Essay (500 words or less) describing your future career goals and how this award will assist you in achieving your goals.

Requests for an electronic version of the scholarship application will be taken at the following email address: [dstseattle.events@gmail.com](mailto:dstseattle.events@gmail.com)

2. Submit the entire application package by the deadline (**postmarked BY APRIL 10, 2009**) to:

**Delta Sigma Theta Sorority, Inc  
Seattle Alumnae Chapter  
Attn: Scholarship Committee  
P. O. Box 28046  
Seattle, WA 98118**



Delta Sigma Theta Sorority, Inc.  
 Seattle Alumnae Chapter  
 Bertha Pitts Campbell Scholarship Application  
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**INSTRUCTIONS:** Please read the entire application carefully before completing. Please type or use blue or black ink.

**APPLICANT INFORMATION**

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NAME:	Last	First	Middle	Date of Birth
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Telephone/cell number	E-mail
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Address	City	State	Zip Code
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Current School

We would like to use awardees photos for historical and publicity purposes. If you are awarded a scholarship, do we have permission to use your photo?  No  Yes

How did you learn about this award?

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**PLEASE TELL US ABOUT YOU**

Please list the names of colleges, universities, and technical/trade schools where you have been accepted.

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Name of Institution	City and State
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Name of Institution	City and State
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Name of Institution	City and State
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Name \_\_\_\_\_

In the space provided, please list your current school activities, athletics, hobbies and community service.

<b>Name of Activity and/or Organization</b>	<b>Years of Participation</b>	<b>Hours per week/ weeks per year</b>	<b>Leadership positions held And/or notes</b>

Please select one activity from this list above and describe why it is meaningful to you or how you think it will help you advance your goals.

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Please list any awards and honors you have received in the past four years.

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Name \_\_\_\_\_

**FINANCIAL INFORMATION:** Please be as thorough as possible when completing this portion of the application. All information is confidential.

1. Please tell us about your parent(s)/guardian(s). If you need more space for this item, please use the back of this page.

Parent/guardian name	Occupation	Annual Salary (after taxes)
1.		
2.		
3.		
4.		

2. Please list siblings or other minors in your household.

Name	Age	School

3. Is your parent(s)/guardian(s) able to assist you financially during your freshman year?

\_\_\_\_\_ No      \_\_\_\_\_ Yes      If yes, how much support will be provided? \_\_\_\_\_

4. Please list all financial assistance/scholarships applied for or received to date. If you need more space please use the back of this page.

Source	Amount sought	Received (yes or pending)?

5. What is your projected Budget for Freshman Year?

<u>Available Funds</u>		<u>Estimated Expenses</u>	
Grants	_____	Tuition	_____
Scholarships	_____	Fees	_____
Loans	_____	Room and Board	_____
Parent(s)/Guardian(s)	_____	Books and Supplies	_____
Summer earnings	_____	Transportation	_____
Other (describe)	_____	Other (describe)	_____
<b>Total</b>	_____	<b>Total</b>	_____

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

*I have completed this application accurately and to the best of my ability.*

\_\_\_\_\_  
Parent(s)/Guardian(s) signature

\_\_\_\_\_  
Date

*All financial information is current, complete and accurate.*