



Gamma Phi Delta Sorority, Inc.



Delta Chi Chapter

Rosetta L. Wilkerson/Anne Mozee Legacy Scholarship for Young Women

Joe Weakley Scholarship for Young Men

Scholarship Application Checklist

- Completed Scholarship Application
- Applicant Essay
- Official High School Transcripts
- Two Letters of Recommendation with Signatures on Official Letterhead
- Copy of Acceptance letter to: Business/Trade School; College or University
- 2x3 Photo

Please follow the guidelines carefully. Only submit completed applications with required documentation. Incomplete applications will be disqualified. (This form should be included with the application packet.)

Reneka Gibbs
Delta Chi Scholarship Chair
P.O. Box 18049
Los Angeles, CA 90018
deltachi2ndvp@gpd1943.org

Delta Chi Chapter Scholarship Guidelines

Criteria:

- a) An official transcript from your high school must be mailed or emailed with the application.
- b) Award is open to any student with a minimum 2.5 grade point average.
- c) Two letters of recommendation with signature and on official letterhead.
- d) Copy of acceptance letter to: Business/Trade School; College or University
- e) A **(2x3)** photograph
 - 1. Please note that a signed photo release form may be required later.
- f) Application must be complete in every detail, with the required signatures affixed.
- g) Application must be RECEIVED by **March 18, 2023**
NO EXCEPTIONS.

Judging:

The Scholarship Chairperson and a committee will receive, review, evaluate, score, and select a winner.

Judging System:

The judging will be based on a point system.

Awards:

The applicant will be notified by mail/email and the Scholarship Award will be presented by Gamma Phi Delta Sorority, Inc., Delta Chi Chapter

Note: All applications must be submitted according to the criteria listed above.

**GAMMA PHI DELTA SORORITY, INC.
DELTA CHI CHAPTER SCHOLARSHIP
APPLICATION, 2023**

If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application.
TYPE ALL INFORMATION EXCEPT FOR SIGNATURES

APPLICANT DATA

Name: Last First Middle Initial

Address: _____ Street _____ Apartment # _____

City: _____ State _____ Zip Code _____

DOB: Month _____ Date _____ Year _____ Phone _____

Male Alaskan Native American Indian Asian or Pacific Islander
Female Black Hispanic White

PARENT OR GUARDIAN INFORMATION

Name: Last First Middle Initial
Employer Job Title
Address City State
Phone number () Relationship to applicant
Home address if different from applicant:

HIGH SCHOOL DATA

School Name	Principal		
Address	City	State	Zip Code
Phone Number ()	Graduation Date	Month	Year

POST - SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which applications for admission have been sent.)

City State
City State
City State

4 yr. College or University 2 yr. Community or Junior College Other

Year in post-secondary program next school year: undergraduate or other

Student will live on campus live off campus commute from home

If school choice is a public institution, applicant will pay in-state resident tuition or out-of-state tuition.

LIST ALL WORK AND/OR VOLUNTEER EXPERIENCE

Describe your work experience during the **past four (4) years**. Complete each section.

Company/Position	From - Mo/Yr	to - Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four (4) years** (e.g. -student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four (4) years** (e.g., Red Cross, church work, and volunteer work). Indicate all special awards, honors, and offices held.

Activity	#of Years Participated	Special Awards Honors	Offices Held

GOALS AND ASPIRATIONS

Make a statement of your plans as they relate to your educational and career objectives and future goals.

UNUSUAL CIRCUMSTANCES

Please report any unusual family or personal circumstances that have affected your achievement in school, work experience, or your participation in school and community activities.

PARENT/GUARDIAN FINANCIAL DATA

Adjusted gross income	Total Number of dependents	Number in Household
Marital status of parent or guardian:	Married Divorced Separated Widowed	Single
Total number of family members attending college at least halftime during the next school year, including applicant		

APPLICATION CHECKLIST

This application for a scholarship becomes complete and valid only when you have returned the following: Three-page Student Application, A 200 word typed essay on "What This Scholarship Means to Me", Two (2) Letters of Recommendation and Current, Official Transcripts to: Gamma Phi Delta Sorority Inc., Delta Chi Chapter, on or before the deadline date of March 18, 2023.

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. This application becomes the property of Gamma Phi Delta Sorority.

Parent's Signature _____ Date _____

Applicant's Signature _____ Date _____