

# **KILLEEN ALUMNAE CHAPTER**

## **DELTA SIGMA THETA SORORITY, INC.**

### **2021 LEGACY AWARD APPLICATION**

***Dear Applicant:***

The Killeen Alumnae Chapter (KAC) of Delta Sigma Theta Sorority, Inc. is committed to helping young people succeed academically. This includes ensuring that students have access to the financial resources they need to obtain a college education. The chapter offers a variety of scholarship awards through the Killeen Alumnae Chapter Scholarship Program, including scholarships specifically for education majors and for all-around students pursuing a wide range of career fields.

Scholarships/Awards are available to students attending a public, private, or parochial high school within the independent school district(s) in the service areas of the Killeen Alumnae Chapter [Killeen ISD]. To be minimally eligible for an award, recipients must have a completed application, written essay, have a grade point average of at least 2.5 (based on a 4.0 scale) and enroll in a full-time program at an accredited college, university, or institution of equivalent accreditation during the 2021-2022 academic year. Verification of enrollment must be provided before funds will be disbursed to the bursar's office.

**Legacy Award** is awarded to family members who are High School Seniors of the Killeen Alumnae Chapter of Delta Sigma Theta Sorority, Inc. with a GPA of 2.5 (based on a 4.0 scale). Legacy Award family members include daughters, granddaughters, son, grandson, nieces, nephews and adopted children.

**The KAC Scholarship Application is available online at**  
<http://www.killeenalumnaedst.org/scholarship-application.html>

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APPLICANT COVER SHEET			
Name (First, Middle & Last)		Date	
Street Address			
City		Zip	Phone
High School	Do you have any relatives that are members of Delta Sigma Theta? Yes <input type="checkbox"/> No <input type="checkbox"/> . If Yes, Please list.		Overall GPA (based on 4.0 scale)

**SCHOLARSHIP APPLICATION ACCEPTANCE REQUIREMENTS**

You **must**:

- A type/ blue or black ink pen completed application form; all other documents submitted with application must be typed (essay).
- Currently be a senior attending a public, private, or parochial high school located in the cities of Killeen, Harker Heights, Copperas Cove or Belton.
- Have a minimum grade point average of 2.5 (based on a 4.0 scale).
- Write an essay. **Legacy Essay Topic:** How has your family member of KAC DST influenced or made a positive impact on your life?
- The essay must be 500 words, typed, double spaced, 12pt font and a Times New Roman font face.
- Please remember to secure all signatures for the application; Applications that are not signed will be rejected.
- Have applied to a full-time program at an accredited college, university, or equivalent for the 2021-2022 academic year. Verification of enrollment must be provided from school by February 1, 2022. Student ID number must be included.

***\*\*Please note: The scholarship funds will only be released to the Bursar's Office at an accredited college, university, or equivalent. Failure to provide proof of enrollment or acceptance of monies by February 1, 2020 will forfeit your awarded scholarship.***

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Application must be computer generated.

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<b>I. Applicant Information</b>			
Name (First, Middle & Last)		Gender	Age
Street Address			
City		State	Zip
Home Phone	Cell Phone	Email Address	
Date of Birth (Month/Day/Year)		Place of Birth (City & State)	
<b>High School</b>			
High School Attending		Grade	
Address		City, State	Zip
<b>College/University and Major</b>			
Preferred College/University		Location (City and State)	
Intended Major/Field of Study		Intended Minor/Field of Study	
<b>II. Parent/Guardian Information</b>			
Name of Mother/Guardian			
Mother/Guardian Address (if different from applicant's)		City, State, Zip	
Mother's Work Phone		Mother's Home/Cell Phone	
Name of Father/Guardian			
Father/Guardian's Address (if different from applicant's)		City, State, Zip	
Father's Work Phone		Father's Home/Cell Phone	

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### IV. Honors and Awards (e.g., academic, athletic, community, and/or school awards)

Award	Source of Award	Reason (s) for Award
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

### V. Extra-Curricular/Community Service Activities (e.g., school, religious, social groups)

Name of Group/Activity	Grade (Check boxes that apply.)				Leadership Position (s) Held
	9	10	11	12	
1.					
2.					
3.					
4.					
5.					
6.					
7.					

### VI. Colleges and Universities

Name of School to Which You Applied	City/State	Status of Application
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

### VII. Work/Internship Experiences

Employer/Organization	Dates of Employment/Service	Position Held
1.		
2.		
3.		
4.		
5.		

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### COUNSELOR'S FORM

Please have your high school guidance counselor complete and sign this form. Include this form in your application packet; if this form is not included in your application package, the application will be rejected.

Applicant's Name	
High School	
Overall GPA ( <i>based on 4.0 scale</i> )	Rank in Class                  out of
Counselor's Name	Counselor's Phone

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**Counselor's Signature** (Required)

**Date**

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## 2021 LEGACY AWARD APPLICATION

### Scholarship Application Checklist

Use the following checklist to ensure your 2021 Scholarship Application has been properly completed for submission prior to deadline. Incomplete applications will **not** be considered.

Your application **must** include the following documents:

- A typed/ blue or black ink pen completed application form; all other documents submitted with application must be typed (essay).
- Your signature at the end of application.
- An essay consisting of 500 words, typed, double spaced, 12pt font and a Times New Roman font face.
- An official high school transcript**
- A completed Counselor's Form, including his/her signature

**All applications must be postmarked by February 26, 2021.**

**Attention: Scholarship Committee**

**Dikila Jones, 2nd Vice President**

Killeen Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

P.O. Box 11334

Killeen, Texas 76547

I hereby certify that all the information provided in this application is accurate and current. I understand this application packet will be kept confidential. All materials submitted become the final property of the Killeen Alumnae Chapter of Delta Sigma Theta Sorority, Inc. with the exception of any samples of my work that I provided such as wall art, photography, video, class assignment, broadcast script or school newspapers, which samples will be returned at my request. I understand that I will be required to make arrangements for the return of all work samples.

**Signature of Applicant** (Required)

**Date**

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### **Media Release and Photography Form**

I understand that my child may be photographed in connection with his/her application for the scholarship awards offered by the Killeen Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (the "Chapter".) I give permission for the Chapter to publish on the Internet or media still photographs ("Images") that may be taken of my child without payment or any consideration and without notifying me. I understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's scholarship program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

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**Signature of Applicant's Parent or Guardian** (Required)

**Date**

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