



**Solano Valley Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
A Public Service Sorority**



**SOLANO VALLEY ALUMNAE CHAPTER SICKLE CELL SCHOLARSHIP APPLICATION**

**Please complete and return to:**

Solano Valley Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attention: Health & Wellness  
Committee  
P.O. Box 3475  
Fairfield, CA 94533

**GENERAL INFORMATION AND INSTRUCTION FOR APPLICATION**

The Solano Valley Alumnae Chapter of Delta Sigma Theta Sorority, Inc., recognizes and honors students who are committed to academic excellence, positive leadership, and community service.

- Eligibility for this scholarship is limited to currently enrolled college students who are striving for success, while **living with Sickle Cell Disease**. Students must be currently enrolled in their freshman, sophomore or junior year of college. The applicant must demonstrate the following:
  - Academic achievement (minimum overall grade point average of 2.50 G.P.A. on a 4.0 scale).
  - Leadership ability as demonstrated and verified by participation in extracurricular activities, community service, and/or holding positions in organizations.
  - Will be enrolled in college as a sophomore, junior or senior in Fall 2024
  - Primary address is in one of the following cities: Fairfield, Suisun City, Travis Air Force Base, Vacaville, Cordelia, Rio Vista or Dixon.
- To be considered, this application packet **MUST BE POSTMARKED** no later than **Sunday, June 30, 2024**. A completed application packet will include all of the following:
  - A sealed and unopened official transcript from your college or university. Transcript must include a cumulative grade point average (2.50 GPA – **unweighted**). Or have it mailed to the mailing address listed on this application.
  - Two (2) typed letters of recommendation on **school/organization letterhead**: One letter from **(a)** counselor, professor or college sports coach. The second letter from **(b)** community representative (i.e., church leader, volunteer organization, City Council Member, employer).
  - One (1) typed essay adhering to the scholarship application guidelines outlined on Page 5 of the scholarship application.
  - Typed or legible handwritten completion of all sections of this application (please place “N/A” for items that are not applicable).
  - **A color photo**; preferably a head shot (Note: Photos should be emailed **svdsthealthwellness@gmail.com**).
  - **Proof of Sickle Cell Diagnosis** from a physician or medical organization. Must be on letterhead, containing organization, address, phone number, and a signature by a physician. Patient ID number can be omitted. (This letter will not be returned)

- **Proof of your primary address** (e.g., driver license, academic registration that shows your address is in one of the following cities: Fairfield, Suisun City, Travis Air Force Base, Vacaville, Cordelia, Rio Vista or Dixon.)
  
- **Completed** application materials received by the deadline will be screened and evaluated by the committee.
  
- Those candidates deemed as winners will be notified via **US Postal Mail, email and/or telephone call.**
  
- Scholarship Awards will be paid directly to the student upon confirmation of current enrollment from the Office of the Registrar. The Scholarship Award must be used for academic purposes only. If award is used for other purposes, the recipient no longer plans to attend college, and/or cannot provide confirmation of current enrollment by **October 31, 2024**; the award will be forfeited and cannot be recuperated at a later date.
  
- If there are questions regarding the application or application process, please **contact Co-Chairs Dominique Remaker and Tye McKinney, Health and Wellness, at [svadsthealthwellness@gmail.com](mailto:svadsthealthwellness@gmail.com).**



**Solano Valley Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
A Public Service Sorority**



2024

**SICKLE CELL SCHOLARSHIP APPLICATION**

Typed or legible handwritten completion of all sections of this application is required. Please place "N/A" for items that are not applicable.

<b>Applicant Information</b>	
Name:	
Address:	
Phone (Home):	Phone (Cell):
Email:	
Age:	Birth Date:
<b>Current School Information</b>	
Current College/University:	
Address:	
Overall GPA (unweighted):	

<b>Activities</b>		
List your extracurricular school & community activities (including community service, church leadership, etc.) If additional space is required, attach one (1) typed 8 ½ x 11		
<b>Community Service Activities</b>		
Organization	Dates	Level of Participation <small>(i.e. office held, honors, volunteer)</small>
<b>Extracurricular Activities</b>		
Organization	Dates	Level of Participation <small>(i.e. office held, honors, volunteer)</small>
<b>Awards/Recognitions</b>		
Award	Organization	Dates

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**Work Experience**  
(Please add an additional page if needed to include work history for the past five years)

**Employer:**

**Job Title:**

**Duties:**

**Dates:**

**Employer:**

**Job Title:**

**Duties:**

**Dates:**

**Employer:**

**Job Title:**

**Duties:**

**Dates:**

**References**

**Counselor/Teacher/College Coach:** (Please provide relationship to person, email and phone number)

**Community Representative/Employer:** (Please provide relationship to person, email and phone number)

**Education Plan**

Name of College(s) you may be attending in **Fall 2024**  
(This is applicable if you are currently enrolled in a community college, and are planning to enroll in a 4 year institution in the Fall of 2024)

**Name of College/University:**

**Location:**

**Name of College/University:**

**Location:**

**Name of College/University:**

**Location:**

**Desired Major(s):**

### Essay

Please attach a typewritten essay: twelve (12) point font, double-spaced, consisting of a minimum of 500 words, and not exceeding 1,000 words discussing the following essay topic:

Upon receiving my college degree(s), despite having Sickle Cell, I plan to make a difference in my chosen profession, within my community, or within my family by...

\*\*Solano Valley Alumnae Chapter will NOT accept handwritten essays. You MUST type all essays. Applicants must write the essay in English and use proper grammar, spelling, syntax, and punctuation. Cite all sources appropriately using APA or MLA format. Double space, type in 11 OR 12 - Pitch using Times New Roman, Arial, or Garamond font, and in 500 words or less. Applicants must attest that the essay reflects their own work and has not been edited by anyone other than the applicant and that no one else has provided the applicant with suggestions to improve the essay.\*\*

### Application Declaration

I hereby declare that all of the statements in this application are true. Any false information may disqualify me. I am willing to forward any additional information, if deemed necessary. If selected as a scholarship recipient, I grant permission for my name, information, image, photo, or likeness to be used in press releases, websites, publications or other media outlets identifying me as a scholarship recipient of the Solano Valley Alumnae Chapter. I also understand, if awarded, the scholarship award will be paid directly to me upon confirmation of current enrollment from the Office of the Registrar. The Scholarship Award must be used for academic purposes only. If the award is used for other purposes, if I no longer plan to attend college, and/or cannot provide confirmation of current enrollment by **October 31, 2024**, the award will be forfeited and cannot be recuperated at a later date. I agree to accept the decision of the Health and Wellness Committee of the Solano Valley Alumnae Chapter, Delta Sigma Theta Sorority, Inc.,.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **APPLICATION CHECKLIST**

**\*Please note this application is not complete without the following: \***

**Proof of Sickle Cell Diagnosis** from a physician or medical organization. Must be on letterhead, containing organization, address, phone number, and a signature by a physician. Patient ID number can be omitted. This letter will not be returned.

Transcript must include a cumulative grade point average **(2.5 GPA - unweighted)**.

**Two (2) typed letters of recommendation on school/organization letterhead:** One letter from (a) counselor, principal or teacher and one letter from (b) community representative (i.e., church leader, volunteer organization, City Council Member, employer).

One (1) typed essay adhering to the scholarship application guidelines outlined on Page 5 of the scholarship application.

Scholarship application must be typed or legible handwritten. All sections of this application must be completed. Please place "N/A" for items that are not applicable.

**A color photo of the student;** preferably a head shot (Note: Photos need to be emailed).

**Proof of your primary address** (e.g., driver license, academic registration that shows your address is in one of the following cities: Fairfield, Suisun City, Travis Air Force Base, Vacaville, Cordelia, Rio Vista or Dixon.)

- Completed application packet **MUST BE POSTMARKED** no later than **Sunday June 30, 2024**
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