



# *Delta Sigma Theta Sorority, Inc.*

ΔΣΘ

## *San Joaquin Valley Alumnae Chapter*

P.O. Box 11214  
Fresno, CA 93772

### **MILDRED BENSON MEMORIAL 2019 SCHOLARSHIP**

#### **General Information**

The San Joaquin Valley Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is pleased to announce its acceptance of applications for the MILDRED BENSON MEMORIAL SCHOLARSHIP. To be considered for the scholarship, you must submit a completed scholarship application and required documents by May 3, 2019, and meet the scholarship requirements outlined below. One monetary scholarship will be awarded.

#### **Scholarship Requirements:**

To be eligible for scholarship consideration, applicants must complete the scholarship application, submit all required documents by the deadline, and meet the following requirements:

1. Applicants must be graduating from accredited high school in June 2019.
2. Participate in the African-American High School Recognition Program.
3. Complete African-American Recognition Program Profile Application online. Register at <http://deltaaaceremony.gotofresnostate.com>
4. Submit a check or money order for \$16 participation fee.
5. Accepted to an accredited post-secondary school (submit official college acceptance letter)
6. Must have a minimum GPA of 2.75 (submit official transcript).
7. Submit a 500-word essay on the importance of giving back to the community. In addition, include all high school achievements, post high school plans and leadership/community involvement.

All require documents and materials must be postmarked by May 3, 2019. All materials should be mailed to:

Delta Sigma Theta Sorority, Inc  
A.A. High School Recognition Program  
P. O. Box 11214  
Fresno, CA 93772  
ATTN: Scholarship Committee

Should you have any further questions or concerns, please contact Ms. Lisa Nichols or Mrs. Sonja Wilson at [sjvaeducationaldevelopment@gmail.com](mailto:sjvaeducationaldevelopment@gmail.com)

In your service,

**Lisa Nichols,**  
**Co-Chair, African-American Recognition Program, SJVA Chapter**  
**Sonja Wilson**  
**Co-Chair, African-American Recognition Program, SJVA Chapter**  
**Deenen Palmer, President, SJVA Chapter**

**Personal Data (Type or print in black or blue ink only)**

Full Legal Name \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_  
Street City Zip Code

Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_

High School \_\_\_\_\_  
Name Address

**STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Mildred Benson Scholarship Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**To Be Completed by School Guidance Counselor or Academic Advisor**

Name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_ Cum. GPA \_\_\_\_\_

2. Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_