

Delta Sigma Theta Sorority, Inc.

East St. Louis Alumnae Chapter

1012 S. 15th Street

East St. Louis, Illinois 62207

Pamela M. Weston, Chapter President



2021 Bessie B. Garvin Educational Scholarship Award

*Questions regarding this scholarship application should be directed to:
ESLAC Education & Scholarship Committee at eslacedu@gmail.com*

Scholarship Application and Instructions

The **Bessie B. Garvin Educational Scholarship** was established by the East St. Louis Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated in memory of charter member, Bessie B. Garvin, who was also a well-known educator in the East St. Louis public school system.

The **Bessie B. Garvin Educational Scholarship** is awarded annually to graduating African-American female seniors in the East St. Louis Metro East community who will attend a 4-year college/university in the fall or immediately upon her graduation. Disbursement of the scholarship funds will occur in the fall, upon verification of acceptance and enrollment in a college or university. **Failure to provide verification of acceptance and enrollment will result in the forfeiture of the scholarship. Each scholarship is a one-time award in the amount of \$1,000.00 and is not deferrable or transferable.**

All scholarship awards will be communicated by March 31, 2021.

Applicants must meet the following criteria:

1. Be a graduating African-American high school senior (female) within the following communities: Belleville, Cahokia, East St. Louis, or O'Fallon, Illinois, having attended public high school for the past two years.
2. Have a minimum of 2.5/4.0 Grade Point Average.
3. Submit a completed typewritten application. The form is a fillable PDF that can be completed on your computer.
4. Submit an official academic transcript.
5. Submit ACT scores.
6. Submit two (2) letters of recommendation (forms included in application packet)
7. All information must be completed in its entirety and submitted together by the deadline. Incomplete submissions will be excluded from further review and deemed ineligible. **Entries received after the March 31, 2021, deadline will not be considered.**

You have the option of submitting your completed Application, Academic transcript and ACT Scores ONLINE or via MAIL.

ONLINE SUBMISSION:

- Name each file your for submission in the following manner:

- *Garvin_Last Name_First Name_Application
- *Garvin_Last Name_First Name_Transcript
- *Garvin_Last Name_First Name_ACT Scores

- example: Garvin_Johnson_Erica_Application
Garvin_Johnson_Erica_Transcript
Garvin_Johnson_Erica_ACT Scores

- Use the the following link to upload your submission files: <https://bit.ly/2VghsnK>

MAIL SUBMISSION:

- Mail your submission to the following address:

2021 Education and Scholarship Committee
East St. Louis Alumnae Chapter, Delta Sigma Theta Sorority, Inc.
1012 S. 15th Street
East St. Louis, Illinois 62207

2021 Bessie B. Garvin Scholarship Application

Personal Information

Name:

Last

First

Middle Initial

Date of Birth: ___ / ___ / _____

Home Street Address

City

State

Zip Code

Telephone #:

E-mail Address:

Parent / Guardian Name(s):

Academic Profile

High School:

Expected Graduation Date:

Grade Point Average:

List Honors, Extracurricular Activities

Colleges/University that you will attend

School

City/State

Date Fall Classes Begin

APPLICANT'S STATEMENT

Briefly tell us about yourself, including your education/career goals, why you should be selected for this scholarship and your financial hardship.

APPLICANT'S CERTIFICATION STATEMENT

In submitting this application, I hereby certify that:

1. The following information is true and accurate to the best of my knowledge and that if selected, I must present proof of enrollment in a college/university before I can receive the disbursement. Any information this is not accurate and verifiable will disqualify me for consideration.

Print Applicant's Name	Signature	Date
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Print Parent/Guardian's Name	Signature	Date
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Bessie B. Garvin Scholarship Reference / Recommendation Form #1

Name of applicant: _____

Applicant Instruction: This form is to be provided to a teacher(s), minister, youth leader, community service leader or employer who knows you well and who can speak to the attributes listed below on your behalf in consideration for this award. **Relatives cannot serve as recommenders.**

Recommender Instruction: Thank you for your assistance and for your willingness to recommend the applicant listed above as we evaluate her for educational financial assistance. Please attest to the following which will assist us in our selection process based on your experience and knowledge of the applicant.

Please rate the applicant on the following characteristics, according to the scale listed from 1 -5, 5 being the highest ranking. If you are unable to speak to a characteristic or skill, please note by circling n/a.

▪ Demonstrated willingness to work toward future goals	5	4	3	2	1	n/a
▪ Demonstrated sense of responsibility	5	4	3	2	1	n/a
▪ Enthusiasm for achieving success	5	4	3	2	1	n/a
▪ Honesty and integrity	5	4	3	2	1	n/a
▪ Ability to get along with others	5	4	3	2	1	n/a
▪ Emotional maturity	5	4	3	2	1	n/a
▪ Leadership skills	5	4	3	2	1	n/a
▪ Contributions to school	5	4	3	2	1	n/a
▪ Contributions to community	5	4	3	2	1	n/a
▪ Ability to succeed in chosen field	5	4	3	2	1	n/a
▪ Responsibility and care in completing academic tasks	5	4	3	2	1	n/a
▪ Written and oral communication skills	5	4	3	2	1	n/a

Please print any additional comments in support of the applicant here:

Recommender's Name: _____

Recommender's Signature: _____ **Date** _____

How long have you known the applicant? _____ **In what capacity?** _____

Position: _____

Contact Phone Number: _____

Bessie B. Garvin Scholarship Reference / Recommendation Form #2

Name of applicant: _____

Applicant Instruction: This form is to be provided to a teacher(s), minister, youth leader, community service leader or employer who knows you well and who can speak to the attributes listed below on your behalf in consideration for this award. **Relatives cannot serve as recommenders.**

Recommender Instruction: Thank you for your assistance and for your willingness to recommend the applicant listed above as we evaluate her for educational financial assistance. Please attest to the following which will assist us in our selection process based on your experience and knowledge of the applicant.

Please rate the applicant on the following characteristics, according to the scale listed from 1 -5, 5 being the highest ranking. If you are unable to speak to a characteristic or skill, please note by circling n/a.

▪ Demonstrated willingness to work toward future goals	5	4	3	2	1	n/a
▪ Demonstrated sense of responsibility	5	4	3	2	1	n/a
▪ Enthusiasm for achieving success	5	4	3	2	1	n/a
▪ Honesty and integrity	5	4	3	2	1	n/a
▪ Ability to get along with others	5	4	3	2	1	n/a
▪ Emotional maturity	5	4	3	2	1	n/a
▪ Leadership skills	5	4	3	2	1	n/a
▪ Contributions to school	5	4	3	2	1	n/a
▪ Contributions to community	5	4	3	2	1	n/a
▪ Ability to succeed in chosen field	5	4	3	2	1	n/a
▪ Responsibility and care in completing academic tasks	5	4	3	2	1	n/a
▪ Written and oral communication skills	5	4	3	2	1	n/a

Please print any additional comments in support of the applicant here:

Recommender's Name: _____

Recommender's Signature: _____ **Date** _____

How long have you known the applicant? _____ **In what capacity?** _____

Position: _____

Contact Phone Number: _____