

Delta Sigma Theta Sorority, Inc.

East St. Louis Alumnae Chapter

1012 S. 15th Street
East St. Louis, Illinois 62207
Phyllis Boyd, Chapter President



2019 Bessie B. Garvin Educational Scholarship Award

*Questions regarding this scholarship application should be directed to:
Ms. Regina Greer, 2019 Education and Scholarship Chairperson, at (618-978-6922)
Mrs. Brittnee' Jones, Co-Chairperson (618-304-6376) or
Ms. Letitia Slack, Co-Chairperson (618-407-8349)*

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.**

The scholarship presentation will take place on Saturday, June 1, 2019 during our annual Heroes Among Us Brunch and Soiree @ 11am at the Regency Conference Center in O'Fallon, Illinois. Award recipients and their families will be notified in advance and provided with additional detail re attendance and acceptance of the scholarship.

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 by March 29, 2019
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 29, 2019, deadline will not be considered regardless of postmark date. Mail to:**

2019 Education and Scholarship Committee
East St. Louis Alumnae Chapter, Delta Sigma Theta Sorority, Inc
1012 S. 15th Street
East St. Louis, Illinois 62207

2019 Bessie B. Garvin Scholarship Application

Proprietary to Delta Sigma Theta Sorority, Incorporated
East St. Louis Alumnae Chapter

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

Print Parent/Guardian's Name

Signature

Date

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: _____