

East St. Louis Alumnae Chapter

Delta Sigma Theta Sorority, Inc.

1012 S. 15th Street
East St. Louis, Illinois 62207
Pamela M. Weston, Chapter President



2022 ESLAC Past Presidents Educational Book Scholarship Award

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

Scholarship Application and Instructions

The **ESLAC Past Presidents Educational Book Scholarship Award** was established by the East St. Louis Alumnae Chapter Past Presidents of Delta Sigma Theta Sorority, Incorporated in 2017.

The **ESLAC Past Presidents EDUCATIONAL BOOK SCHOLARSHIP AWARD** is awarded annually to deserving 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 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. This scholarship is a one-time award in the amount of \$500.00 and should be used specifically for the purchase of books and is not deferrable or transferable.**

All Scholarship Awards will be communicated by March 31, 2022.

Applicants must meet the following criteria:

1. Be a graduating African-American high school senior (female) within the following communities: St. Clair and Madison County, having attended public high school for the past two years.
2. Have a minimum of 2.8/4.0 Grade Point Average.
3. Submit an academic transcript.
4. Submit ACT/SAT scores.
5. Submit a completed typewritten application. The form is a fillable PDF that can be completed on your computer.
6. Submit two (2) letters of recommendation (forms included in application packet)
7. Must submit a one-page typed statement, with a minimum of one hundred words, from the applicant, describing their character, personal interests and future plans (included in application).
8. 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, 2022 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 of your submission in the following manner:

- *PastPres_Last Name_First Name_Application
- *PastPres_Last Name_First Name_Transcript
- *PastPres_Last Name_First Name_ACT_SAT_Scores

- example: PastPres_Johnson_Erica_Application
PastPres_Johnson_Erica_Transcript
PastPres_Johnson_Erica_ACT_Scores

- Use the following link to upload your submission files: <https://bit.ly/3bkf2Km>

MAIL SUBMISSION:

- Mail your submission to the following address:

2022 Education and Scholarship Committee
East St. Louis Alumnae Chapter, Delta Sigma Theta Sorority, Inc.
1012 S. 15th Street
East St. Louis, Illinois 62207

ESLAC Past Presidents Educational Book 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

1. Briefly tell us about yourself, including your education/career goals, and why you should be selected for this scholarship? (Minimum 100 words required)

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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ESLAC 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 | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Demonstrated sense of responsibility | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Enthusiasm for achieving success | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Honesty and integrity | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Ability to get along with others | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Emotional maturity | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Leadership skills | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Contributions to school | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Contributions to community | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Ability to succeed in chosen field | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Responsibility and care in completing academic tasks | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> n/a |
| ▪ Written and oral communication skills | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> 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: _____

ESLAC 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: _____