

Dear Student,

The women of the Northwest Arkansas Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc. would like to extend to you an opportunity to apply for the **Nola Holt Royster Living Legacy Scholarship** in the one-time award amount of \$1,000. In order to be eligible for this scholarship, applicants must meet **ALL** of the following criteria:

1. Be an African-American female residing in Washington or Benton County.
2. Be a high school senior who plans to attend a post-secondary institution.
3. Submit an application and essay to the scholarship committee.
4. Submit an official college transcript to the scholarship committee.
5. Have a minimum GPA of 2.75 on a 4.0 scale.
6. Submit 2 letters of recommendation from the 3 options reflecting some form of community service:
 - a. A high school counselor or advisor.
 - b. A teacher.
 - c. A church member, minister, or community figure.

Essay Requirements: Applicants must submit an essay with a minimum of 750 words on the topic below. The essay must be typed, and double-spaced with 12 point font and 1 inch margins.

Essay Topic:

Dr. Nola Holt Royster was a well-known supporter of education, especially within the African-American community. Working with young people to support them in reaching their educational goals was her passion. Dr. Royster's philosophy was "Do What You Can, Where You Can, While You Can, When You Can." As an African-American high school senior living in NW Arkansas, an area of limited diversity, what programs, services, or activities have you been involved in that educates the majority population about your culture or heritage? How would these programs coincide with Dr. Royster's philosophy? If these events do not exist, what should be created, planned, and implemented keeping in mind the legacy you wish to leave?

Applications and supporting materials must be **postmarked by March 18, 2017** to the following address or uploaded at www.nwadst.org. **If you choose to upload the application to our website, you must still mail in your official transcript to the address listed.**

Delta Sigma Theta Sorority, Inc.
Northwest Arkansas Area Alumnae Chapter
Attn: Scholarship and Awards Committee
P.O. Box 1087 Fayetteville, AR 72702

The final selection of scholarship recipients will be based upon the applicants cumulative grade point average, school/community involvement, recommendations, and essay. All recipients of this award will be notified by **April 1, 2017**. If you have any questions, please contact Letitia Johnson at johnsonletitia@gmail.com. Thank you for your participation.

Incomplete applications or submissions after the deadline will not be considered.

Best regards,

Letitia Johnson
Chair, Scholarship and Awards Committee
Northwest Arkansas Area Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

Stephanie G. Adams, Ed.D.
President
Northwest Arkansas Area Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

Nola Holt Royster Living Legacy Scholarship Application

Northwest Arkansas Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

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Delta Sigma Theta Sorority, Inc.
Northwest Arkansas Area Alumnae Chapter
Attn: Scholarship and Awards Committee
P.O. Box 1087 Fayetteville, AR 72702

(Please Type or Print)

I. Personal information:

Name: _____ SS#: _____

Current Address: _____
Street City State Zip

Phone: (____) _____ E-mail Address: _____

Citizenship Status: ___ U.S. Citizen ___ Permanent Resident ___ Other

Sex: ___ Female

Race: ___ African-American ___ Other (Please specify) _____

Parent(s)/Guardian(s): _____

Address: _____
Street City State Zip

Phone: (____) _____

II. Educational Background:

High School: _____

Graduation Date: _____

School Address: _____
Street City State Zip

Cumulative High School GPA: _____

III. Anticipated College or University:

Institution: _____ City: _____ State: _____

Expected Graduation Date: _____

Major Course of Study: _____

IV. School and Community Involvement

Activity #1: _____

Length of Involvement: _____

Activity #2: _____

Length of Involvement: _____

Activity #: _____

Length of Involvement: _____

V. References for Letters of Recommendation (First Name, Last Name, and Phone Number):

1. _____

2. _____

I, the undersigned, do hereby certify that the information submitted on this application is accurate to the best of my knowledge.

Signature: _____ Date: _____

Application Check List

- 1) Application with signature (**Incomplete applications or submissions will not be considered**)
- 2) Official Transcript with cumulative GPA requirements met
- 3) Essay
- 4) Letters of Recommendation (2)
- 5) Proof of acceptance into post-secondary institution (i.e. acceptance letter)
- 6) Postmarked or uploaded by **March 18, 2017**

If Awarded:

- 1) Proof of enrollment in post-secondary institution (i.e. enrollment verification form)