



**SCHOLARSHIP APPLICATION**

**Sponsored by: Delta Sigma Theta Sorority, Inc.**

**And**

**Omega Psi Phi Fraternity, Inc.**

**Due Date: March 13, 2020 - 5:00 p.m.**

**Please submit paper copy of application and all documents to:**

**Dr. Wendy Horn**

**ACATT Building – Faculty Office C – Room 234**

Name: \_\_\_\_\_ Student SSN/ID: \_\_\_\_\_  
*Last First M.I*

Address: \_\_\_\_\_  
*Street Apt # City State Zip*

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Home Mobile*

E-Mail: \_\_\_\_\_

Other colleges attended: \_\_\_\_\_

Program of study (Major): \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Classification: \_\_\_\_\_ GPA (overall): \_\_\_\_\_

College Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you completed your FAFSA? (Required) Yes  No

If yes, Amount awarded: \$ \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Number of hours worked per week? \_\_\_\_\_

Briefly describe your financial need and why should you be chosen as a recipient of this scholarship? (At least 250 words typed and attached)

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Dean of Students**

**Business Office Use Only**



<b>TERM</b>
Fall Semester: _____
Spring Semester: _____
Summer Semester: _____

**SCHOLARSHIP APPLICATION**  
 Sponsored by : Delta Sigma Theta Sorority, Inc.  
 and Omega Psi Phi, Fraternity, Inc.

**This scholarship award will cover for one term only for any of the following:  
 Please Circle your preference**

- Tuition/fees     Books     Room/Board     Other

**Requirements:**

1. The scholarship is a one-time award for the period specific above.
2. Must complete and submit a free application for Federal Student Aid (FAFSA).
3. Recipient must have a minimum grade point average of 3.00.
4. Recipient must have completed at least one semester at LSCC, be enrolled in a minimum of 12 semester hours and must maintain continuous enrollment. Exceptions may be approved in advance by the Dean of Students.
5. Applicant must submit 1 letter of recommendation, official transcript and 1 250 word statement of need.
6. Applicant must document campus involvement.
7. Recipient agrees to serve (on an as-needed basis) as a representative of Lawson State Community College during recruiting events. Recipient may be called upon to accompany College staff to area high schools and other public relations functions.
8. This scholarship agreement may be terminated by written consent of all parties or the recipient's inability to comply with the scholarship requirements.
9. Any requests to alter the stated conditions of this scholarship award must be submitted in writing to the Acting Dean of Students for consideration.
10. Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I agree to accept the conditions of this scholarship award.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean of Students



**Delta Sigma Theta and Omega Psi Phi SCHOLARSHIP**

**Recommendation Form**

**Date:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **Student ID/SSN:** \_\_\_\_\_

I \_\_\_\_\_ would like to recommend the  
(Student Financial Services Representative)  
above named individual for consideration for the Delta Sigma Theta Scholarship at  
Lawson State Community College. I have been made aware of this individual's financial  
need and submit this recommendation in support of a one-time financial assistance.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_