

# △ NEW YORK ALUMNAE DELTAS, INC. △

and



## MARY McLEOD BETHUNE SCHOLARSHIP APPLICATION INSTRUCTIONS

### PURPOSE OF THE SCHOLARSHIP

The purpose of this scholarship is to support graduating high school seniors through four years of college in the pursuit of a baccalaureate degree. This scholarship honors Mary McLeod Bethune who was an extraordinary educator dedicated to public service. She founded the National Council of Negro Women and Bethune-Cookman College in Daytona Beach, Florida. In addition to being an educator and an organizer, Mrs. Bethune was also a political activist. She was the first African American woman to be involved in the White House, assisting four different US presidents. She was also a leader in the black women's club movement, served as president of the National Association of Colored Women, and Vice-President of the NAACP.

### SCHOLARSHIP AMOUNT

The scholarship is maintained at \$1,000 per year (for a maximum of 4 years) and is paid in 2 equal installments of \$500 each semester.

### SELECTION CRITERIA

To be considered for the scholarship, the applicant must:

1. Be a student of African descent
2. Live within our service area: Manhattan east to west from the East River to the Hudson River and north to south below 155<sup>th</sup> Street south to Battery Park
3. Be a graduating high school senior and have an "80" or above high school average
4. Be active in an extra-curricular activity, do volunteer work, have a part-time job or be active in a community organization (church activity is acceptable)
5. Be admitted to a Baccalaureate Degree program at an accredited institution by the fall semester 2016.

A Bursar's receipt or letter from Registrar/Admissions Office is required at that time.

### MATERIALS REQUESTED OF ALL APPLICANTS

1. Completed Mary McLeod Bethune Scholarship Application
2. Copy of your most recent high school transcript
3. Two (2) letters of recommendation:
  - a. One from a school official, and
  - b. One from a community leader, religious representative or employer
4. Copy of your and your parent's/guardian's most recent W-2 Form, if applicable. Family may explain extenuating circumstances.
5. Copy of your Student Aid Report (SAR). Note the SAR is the response to the Free Application for Federal Student Aid (FAFSA).

The application is considered complete when all of the above

materials are to be postmarked by MARCH 5, 2016

YOU MAY ALSO DOWNLOAD THIS APPLICATION FROM THE WEBSITE:

<http://dstnyac.org>

**Contact Us:**

Valerie Boone  
Chairperson, Scholarship Committee  
c/o New York Alumnae Deltas, Inc.  
88-19 193<sup>rd</sup> Street, Apt 6A  
Hollis, New York 11423  
Email: [scholarship@dstnyac.org](mailto:scholarship@dstnyac.org)

Like us on FaceBook: <http://on.fb.me/mRobNa>

**CRITERIA FOR CONTINUING SCHOLARSHIP AWARDS**

To maintain the scholarship award, the recipient must:

1. Maintain an overall GPA of 2.50 on a 4.0 scale.
2. Be a full-time matriculated student (12 credits or more).
3. Provide the Committee Chair with proof of attendance (Bursar's receipt or certification of attendance from the Registrar) at the beginning of each semester and an updated transcript at the end of each semester.

Payment will be made to the student when all of the above have been satisfied within 30 days after the start of each semester. Scholarships are awarded on a semester basis after the first year.

**Return completed application to:**

Valerie Boone  
Chair, Scholarship Committee  
c/o New York Alumnae Deltas, Inc.  
88-19 193<sup>rd</sup> Street, Apt 6A  
Hollis, New York 11423  
Email: [scholarship@dstnyac.org](mailto:scholarship@dstnyac.org)

**COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS**  
**MUST BE POSTMARKED BY:**  
**MARCH 5, 2016**

**NEW YORK ALUMNAE DELTAS, INC.  
MARY McLEOD BETHUNE SCHOLARSHIP APPLICATION**

Please type or print information. Use extra sheets of paper, if necessary.

**GENERAL INFORMATION:**

Name \_\_\_\_\_ Tel. Number \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

E-mail address: \_\_\_\_\_

Are you a U.S. Citizen? Yes  No  (If not, are you a permanent resident? Yes  No )

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Have you lived in the State of New York for the past 12 months? Yes  No

**EDUCATIONAL BACKGROUND:**

High School \_\_\_\_\_ Official Class \_\_\_\_\_ Cumulative Average \_\_\_\_\_ SAT scores \_\_\_\_\_

Extracurricular activities during and after school. Please include time periods:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any honors and awards you have received while in high School. *Please indicate time periods.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you work or volunteer after school or during weekends? Yes  No  (if yes, give total number of hours per week: \_\_\_\_\_)

**EDUCATIONAL PLANS:**

What colleges or universities have you applied?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received an acceptance or denial from any of these institutions? Yes  No . Which ones? (Give decision).

\_\_\_\_\_ Yes  No  \_\_\_\_\_ Yes  No   
\_\_\_\_\_ Yes  No  \_\_\_\_\_ Yes  No

What is your intended major in college? \_\_\_\_\_

**FINANCIAL AID INFORMATION:**

Have you applied for any scholarships or to any financial aid programs? If so, please list.

\_\_\_\_\_  
\_\_\_\_\_

List any financial awards you have received to date.

\_\_\_\_\_ Amount \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_ Amount \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

\_\_\_\_\_  
*Parent's/Guardian's Name Occupation Income*

\_\_\_\_\_  
*Parent's/Guardian's Name Occupation Income*

How many children (including yourself) live at home? \_\_\_\_ What are their ages? \_\_\_\_\_

\_\_\_\_\_ How many are in college? \_\_\_\_\_

Is anyone at home receiving:

a) Public Assistance? Yes  No  If so, who? \_\_\_\_\_

b) Social Security Benefits? Yes  No  If so, who? \_\_\_\_\_

c) Veteran's Benefits? Yes  No  If so, who? \_\_\_\_\_

***(If so, please provide determination letter on official letterhead)***

Is either parent disabled? Yes  No  If so, which one? \_\_\_\_\_

Is either parent deceased? Yes  No  If so, which one? \_\_\_\_\_

**PERSONAL STATEMENT** (500 word limit):

Please discuss your educational goals, career objectives, community involvement (if any), and special talents. Also include any other information that you feel would help the committee in their selection. You may use an additional sheet if needed.

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Signature

Date

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Parent's/Guardian's signature

Date

Return completed application to:

Valerie Boone  
Chairperson, Scholarship Committee  
c/o New York Alumnae Deltas, Inc.  
88-19 193<sup>rd</sup> Street, Apt 6A  
Hollis, New York 11423

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