

△ 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 residing within our area of service as explained below
2. Live within our service area: Manhattan east to west from the East River to the Hudson River and north to south below 155th 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 2018 (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 2017-2018 Student Aid Report (SAR). Note the SAR is the response to the Free Application for Federal Student Aid (FAFSA).

The application package is complete when all of the above materials are postmarked by MARCH 3, 2018 ***

YOU MAY ALSO DOWNLOAD THIS APPLICATION FROM THE WEBSITE:

<http://dstnyac.org>

Contact:

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

COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS
MUST BE POSTMARKED BY:
MARCH 3, 2018

**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 _____

Extra-curricular 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:

To 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:

<i>Parent's/Guardian's Name</i>	<i>Occupation</i>	<i>Income</i>
<i>Parent's/Guardian's Name</i>	<i>Occupation</i>	<i>Income</i>

How many children (including you) 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:

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. (500 word limit) You may use an additional sheet if needed.

Signature

Date

Parent's/Guardian's signature

Date

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Chairperson, Scholarship Committee
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