**MOR McCormick-Outlaw-Roberts 2024 SCHOLARSHIP APPLICATION**

Our sorors Rene McCormick, Anna Outlaw, and Clara Roberts were charter members of the Evansville Alumnae Chapter of Delta Sigma Theta Sorority Inc. In 2016, in honor of the 40th anniversary, the Evansville Alumnae Chapter voted to rename the Betty Craig Scholarship to the MOR Scholarship in honor of these three phenomenal women.

Scholarships are offered to high school seniors who reside in our community. These scholarships are offered to students seeking full-time education in a four-year college or university.

Awards are based on merit and need. **Merit** is the relative degree of motivation displayed in such matters as overall academic performance, involvement with and contributions to school and community organizations, and earning and saving money for his/her/their education. **Need** is the relative inability of the student to meet the cost of his/her post-secondary education.

**All applications are reviewed by a Scholarship Committee. Please be sure that your application is complete and accurate. Complete your sections of this application and have the Applicant Appraisal completed by your counselor or another appropriate reference. If more space is required for any section, you may attach additional sheets.**

**Two reference letters are required. Refer to the application checklist on page 6.**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**COMPLETE THE APPLICATION IN BLUE OR BLACK INK**

If you have any questions concerning the application process, please contact Scholarship Committee Chair, Melody McCoy at dsteacscholarship@gmail.com

**SUBMIT** MOR McCormick-Outlaw-Roberts Scholarship

**APPLICATION TO:**

**dsteacscholarship@gmail.com**

  **APPLICATION DEADLINE IS March 4, 2024**

 **MUST BE SUBMITTED ON–LINE**

**BY APPLICATION DEADLINE (Midnight - MARCH 4, 2024)**

**You may also complete the application on-line. Visit evansvilledeltas.com and click on the scholarship tab, then the application link to complete the application on-line.**

**IF NEEDED TO PRINT OR TYPE APPLICATION - USE BLACK INK AND EMAIL APPLICATION - THANK YOU**

## APPLICANT DATA

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 Name (Last) (First) (MI)

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Permanent Address (Street) (City) (State) (Zip)

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

Date of Birth (month, day, year) Home Phone Cell Phone E-Mail Address

Name & Address of Parent / Guardian if different from applicant contact.

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

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

 (Home Phone) (Cell Phone) (E-Mail Address)

**DEMOGRAPHIC DATA (optional)**

**Please Check All that Apply:**

**☐**African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ American Indian/Alaska Native

☐ White/Caucasian ☐ Other (Please Specify)

### HIGH SCHOOL DATA

High School Attended Graduation Date: Month \_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (City) (State) (Zip) Telephone Number

Name of High School Principal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### TRANSCRIPT INFORMATION

**High school seniors and students who have completed less than one full semester** of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks in a class of Cumulative grade point average /4.0 scale

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official’s Signature Date Title Telephone Number

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

School Address (Street) (City) (State) (Zip)

**COLLEGE/UNIVERSITY INFO**

Name of postsecondary, accredited four year College/University for which Applicant’s scholarship is requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address of College/ University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (Zip)

Student will: ☐Live on campus ☐Live off campus ☐ Commute

Anticipated date of graduation from postsecondary program:

 (Month) (Year)

Major Field of study applicant plans to pursue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated cost of Tuition for one year $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Cost of Room and Board $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other anticipated expenses (books, lab fees, supplies, transportation, etc.) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL DATA**

Have you worked while in High School (or during vacations)? List ALL employment since entering high school, detailing period worked, hours per week, and earnings.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **Position** | **Dates of Employment****Hire date / End date** | **Hours worked** **per week**  | **Income earned** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List all school activities in which you have participated during the past four years (i.e. Student Government, Music, Sports, etc). List all community activities in which you have participated without pay during the past four years (i.e. Red Cross, Church work, and volunteer work. Indicate all special awards and honors.

|  |  |  |
| --- | --- | --- |
| **Activity** | **Number of years participating** | **Awards, Honors, Offices held** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

In 100 words or more, outline your educational and career aspirations and goals for the future

Please describe any unusual family or personal circumstances (e.g. divorce, loss of job, pregnancy, etc.) that have affected your achievement in school, work experience, or your participation in school and community activities.

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Parent/Guardian -1. Occupation/Employer

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

Parent/Guardian -2. Occupation/Employer

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

Household Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Attendees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT APPRAISAL**

***(REQUIRED) Please print and give to counselor to email to eacdstscholarship@gmail.com***

To be completed by a High School Counselor, Advisor, Instructor, Teacher, or a Supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements.

The applicant’s choice of a postsecondary ☐extremely ☐very ☐moderately ☐inappropriate

education program is appropriate appropriate appropriate

The applicant’s achievements reflect ☐extremely ☐very well ☐moderately ☐not well

his/her ability well well

The applicant’s ability to set realistic and ☐excellent ☐good ☐fair ☐poor

attainable goals is

The quality of the applicant’s commitment ☐excellent ☐good ☐fair ☐poor

to school and community is

The applicant is able to seek, find, and use ☐extremely ☐very well ☐moderately ☐not well

learning resources well well

The applicant demonstrates curiosity and ☐extremely ☐very well ☐moderately ☐not well

initiative well well

The applicant demonstrates good problem- ☐extremely ☐very well ☐moderately ☐not well

solving skills, follows through, and completes well well

tasks

The applicant’s respect for self and others is ☐excellent ☐good ☐fair ☐poor

Comments

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

Appraiser’s Signature Date Title Telephone Number

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

Appraiser’s Business Address (Street) (City) (State) (Zip)

**OTHER AWARDS**

Please list below the names and amounts of any grants or scholarships that you have been awarded, for the coming year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Amount** | **Granted** | **Pending** |
|  |  |  |  |
|  |  |  |  |
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**In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I understand that this application cannot be processed if it is not complete.**

**In addition, I agree that if I am offered and accept an award from the Evansville Alumnae Chapter of Delta Sigma Theta Sorority, Inc., the Evansville Alumnae Chapter may use my name, the name of my community, the name and address of my school, the amount of the award and the name of the postsecondary institution I will attend in a press release, public announcements and other fundraising or promotional materials in all media (including the internet), to advance the non-profit objectives of the Evansville Alumnae Chapter and its affiliate programs.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (if student is not 18 years old) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION DEADLINE IS March 4, 2024**

**MUST BE EMAILED BY MIDNIGHT OF THE DEADLINE DATE**

**Two reference letters are required for credit. More than two will not be considered.**

**Persons providing reference letters must email them individually to dsteacscholarship@gmail.com**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Signature (if student is not 18 years old) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please have your parent or guardian sign this slip, separate it from this application, then submit it directly to your Guidance Counselor to complete and email directly to dsteacscholarship@gmail.com.**

**I hereby grant Evansville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. permission to obtain information, reference letters, grade transcripts, and standardized test scores from the student’s high school guidance office to support this application.**

### APPLICATION CHECKLIST

**This application for student aid becomes complete only when you have returned the following materials.**

* **Completed Application with Signatures**

### Two Reference Letters

### Current Transcript of Grades

### Applicant Appraisal from the School Counselor

### Attached Photo

* **Affinity Checklist**:

**Two reference letters are required for credit. More than two will not be considered**

**AFFINITY CHECKLIST**

**INSTRUCTIONS: Complete this form and return WITH your Scholarship Application.**

**Student Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: \_\_\_\_\_\_ Male \_\_\_\_\_ Female

**G.P.A. (**closest total grade-point average): \_\_\_

**Identify your interests, experiences, background, education, future goals or other characteristics that we can use to apply to your application.**

*(Please check all that apply to you. Describe in the appropriate sections of your application, or as an attachment.)*

☐ I am in the 21st Century Scholars Program

☐ I have a relative who is a member of Delta Sigma Theta Sorority Inc.

☐ I have participated in a Delta Sigma Theta Sorority youth program

☐ I have significant or wide-ranging community leadership, involvement or volunteer experiences

**CHECK ALL ABOVE THAT APPLY TO YOU**

**Email application to** **dsteacscholarship@gmail.com** **by midnight of March 4, 2024**

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