

SCHOLARSHIP APPLICATION (2020)



PURPOSE:

The Sigma Cares Foundation, Inc. has designed a program to promote our organization's ideal of scholarship by assisting graduating seniors in obtaining a college education.

SCHOLARSHIP AMOUNT:

We will award scholarships in **\$250 increments up to \$1,000**. Each scholarship will be a 1-year nonrenewable grant. The number of scholarships awarded will depend on the quality of the applicants, but will not exceed \$5,000 annually.

ELIGIBILITY REQUIREMENTS:

- Must be a U.S. Citizen.
- Must be a male student graduating from a New Castle County High School.
- Must be accepted at an accredited college or university pursuing a bachelor's degree.
- Must have demonstrated high academic achievement and community service.

APPLICATION REQUIREMENTS:

Complete and submit a candidate application and a personal statement essay along with the following:

- An Official Transcript.
- Two (2) Letters of Recommendation (Optional).
- A letter of acceptance from an accredited college or university.

INTERVIEWS:

Highly qualified applicants will be selected for interviews. During the interview process, applicants will be judged by their sincerity, demeanor, level of confidence, and ability to articulate their thoughts. Most of the questions will cover the information from the scholarship application package and others will be surprise questions. Interviews will be held at an announced location in New Castle County.

DUTIES OF SCHOLARSHIP COMMITTEE:

The Scholarship Committee will be responsible for the entire Scholarship Program. The committee will review the applications, conduct interviews, and recommend applicants for scholarships. Once the committee's selections are approved, a letter of acceptance will be sent to the recipient along with a copy to the school. The committee will arrange a ceremony date and a public announcement of the award—i.e. graduation program, newspaper article, and our website.

APPLICATION DEADLINE:

**All application packages
must be postmarked by
April 15, 2020.**

If additional information is needed, please contact Mr. Ronald Shaw: 610.909.0714, or education@PBSLDS.org. Also, visit www.sigmacaresfoundation.org.

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PERSONAL INFORMATION:

Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email Address: _____ **Date of Birth:** _____
Parent/Legal Guardian's Name: _____
Relationship to Scholarship Applicant: _____
Parent/Legal Guardian's Address: _____
Parent/Legal Guardian's Telephone Number: _____

EDUCATION INFORMATION:

Name of High School: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Cumulative GPA: (Including first semester): _____ **Expected Graduation Date:** _____
Extracurricular Activities/Honors: (List on a separate sheet if needed): _____

TEST SCORES:

Have you taken the Scholastic Aptitude Test (SAT)? YES or NO
Date of Test: _____
SCORES: Math _____
Evidence-Based Reading and Writing _____
SAT Total: _____

Have you been accepted to a College? YES or NO

If yes, date to start College: _____
Name of College: _____
Address: _____
City: _____
State: _____ **Zip Code:** _____
Prospective College Major: _____

How did you learn about this scholarship? _____

PERSONAL ESSAY STATEMENT:

Describe your most meaningful achievements and how they relate to your future field of study and goals (minimum of 500 words, typed on white paper, and double spaced).

**TO MAIL IN YOUR APPLICATION:
SIGMA CARES FOUNDATION, INC.
ATTN: Scholarship Committee
P.O. Box 9235
Newark, DE 19714**