



Nashville Metropolitan Alumnae Chapter DELTA SIGMA THETA SORORITY, INC.

Greetings,

The Nashville Metropolitan Alumnae Chapter (NMAC) of Delta Sigma Theta Sorority, Incorporated is pleased to announce that applications are now open for its Fall 2026 Scholarship Program. This scholarship is available to African American high school seniors graduating in 2026 who plan to enroll in an accredited four-year college or university in Fall 2026. Eligible applicants must be unhoused or unaccompanied youth, or foster youth who have aged out of the foster care system. Documentation verifying eligibility is required. All applicants must submit the following materials:

- Verification Form completed by your School Counselor/Advisor (attached)
- Completed Application (attached)
- Official Transcript sent from your School Counselor verifying GPA of 2.8 (4.0) scale
- ACT score to verify minimum of 20
- Verification of history of foster care placement or unhoused history
- A statement stating why you should be awarded the scholarship and how you will utilize the funds (100 words or fewer)

Please submit the required information by the deadline of **February 23, 2026** to **Scholarship@nmacdeltas.org**. We look forward to receiving your completed packets. Questions may be directed to the scholarship committee chairs via email: **Scholarship@nmacdeltas.org**

Sincerely,

2026 Scholarship Committee

Dr. Arie Nettles, Chapter President

Melody Osborne, Chairperson Scholarship Committee

Mariah George, Co-chairperson Scholarship Committee

Marcia Allen, Advisor Scholarship Committee

Dr. Arie Nettles
President

Muriel Ray-Taylor
First Vice President

Jennifer Bennett
Second Vice President

Lynne Moore
Treasurer

Nekiessia Henderson
Financial Secretary

Calishian Seabrooks
Recording Secretary

Karen Cooperwood
Corresponding Secretary

PART I – PERSONAL DATA

Name: _____

Home Address:

Number **Street** **Apt. No.**

City	State	ZipCode
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Telephone Number: _____

E-Mail Address: _____

Emergency Contact Name(s) _____

Emergency Contact Phone Number (s) _____

Is your parent a member of Delta Sigma Theta Sorority, Incorporated?

- Yes
- No

If yes, are they a member of the Nashville Metropolitan Alumnae Chapter?

Yes, _____ No
Name _____

PART II – EDUCATIONAL DATA

Name of Institution:

School Address:

Number **Street**

City	State	ZipCode
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School Telephone Number:

Major:

PART III – HONORS, SPECIAL TALENTS & WORK EXPERIENCE

1. List honors and awards if any:

2. List extracurricular activities- organizations, clubs, or work experience (indicate years of involvement and any positions held) if any:

PART IV – STATEMENT OF INTENT

Write 100 words or fewer explaining how this scholarship will impact you. Please specify how you will utilize the funds to support your educational endeavors.

PART V – VERIFICATION

Please have your academic advisor complete the verification form attached below. This should be completed and emailed to scholarship@nmacdeltas.org by **February 23, 2026**

PART VI – PHOTO

Please include a presentable photo of yourself (shoulders up) with your packet of information emailed to scholarship@nmacdeltas.org by **February 23, 2026**.

PART VII- CERTIFICATION

Important: Your signature is required below. Without your signature, your application is incomplete.

I certify that the information provided in this application is true, complete, accurate, and that all statements and essays are my own work. A scholarship award from the Nashville Metropolitan Alumnae Chapter of Delta Sigma Theta Sorority, Inc. may be denied or revoked if any information contained herein is found to be inaccurate. Should I receive an award, I hereby give permission to Delta Sigma Theta Sorority, Inc. to utilize my name and award amount in any publicity or marketing materials.

Name of Applicant (Please Print) _____

Signature of Applicant: _____

Date: _____



Nashville Metropolitan Alumnae Chapter DELTA SIGMA THETA SORORITY, INC.

Greetings,

The Nashville Metropolitan Chapter (NMAC) Scholarship Program of Delta Sigma Theta Sorority, Inc. is pleased to announce that applications are now open for the Spring, Summer, and Fall 2026 semesters. An applicant sent you this form to fill out as part of the scholarship information packet.

Please submit the required information via email to **scholarship@nmacdeltas.org** before the scholarship deadline of **February 23, 2026**.

We look forward to receiving your completed packets. Questions may be directed to the scholarship committee chairs via email: **scholarship@nmacdeltas.org**

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School Counselor Verification

The following information should be completed by your high school counselor only.

Student's Name: _____

1. College entrance examination score (ACT or SAT)

Highest ACT Composite Score: _____

Highest ACT Math Score: _____ Highest ACT Verbal Score: _____

2. Cumulative High School Grade Point Average (GPA) - on the 4.0 scale: _____

3. Please rate the applicant's personal characteristics:

	Average	Above Average	Outstanding
Personal Initiative			
Self-Discipline			
Self-Confidence			
Concern for Others			
Emotional Maturity			
Leadership Abilities			
Enthusiasm			

Counselor's Signature

Telephone Number

Date

Please attach the student's transcript with the completed form.

Please email the completed verification form and transcript to scholarship@NMACdeltas.org

Deadline for the application is February 23, 2026