

***CATHERINE B. MIDDLETON SCHOLARSHIP***  
***for Collegiate Students***  
***Sponsored by the Dover Alumnae Chapter of Delta Sigma Theta***  
***Sorority, Incorporated***

**NAME AND PURPOSE**

In 1991, the Dover Alumnae Chapter of Delta Sigma theta Sorority, Inc., initiated the *Catherine B. Middleton Scholarship for College Students*. A college student who received the *Catherine B. Middleton Scholarship* as a high school student shall be eligible to apply during his/her undergraduate tenure. The scholarship shall be awarded to an eligible collegiate student once during his/her college years. The maximum scholarship award shall be five hundred (\$500.00) dollars. The amount of the scholarship is determined by the size of the scholarship fund. The scholarship is named in honor of *Catherine B. Middleton, MD.*, the daughter of one of the Sorority's Founders, *Jimmie Bugg Middleton*. The purpose of the scholarship is to assist outstanding students in pursuing an undergraduate degree at an accredited four-year college or university. The scholarships are based on academic achievement, aptitude, leadership, character, and financial need.

**QUALIFICATIONS**

To qualify for consideration, the applicant must:

1. Be a previous recipient of the *Catherine B. Middleton Scholarship*.
2. Submit an official college transcript.
3. Have obtained a cumulative 2.50 grade point average (G.P.A.) on a 4.0 scale or a cumulative 1.25 G. P.A. on a 3.0 scale.
4. Submit a letter of recommendation from a current college professor, advisor, or appropriate college official.
5. List your college co-curricular and/or extra-curricular activities.
6. Be a full-time student currently enrolled at an accredited four-year college or university.

Submit a packet that includes all the materials listed above. *All* scholarship application materials must be postmarked by APRIL 1ST and received on or before APRIL 5TH to be considered.

**Mail applications to:**

Scholarship Chairperson  
Dover Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P. O. Box 636  
Dover, DE 19903

CATHERINE B. MIDDLETON SCHOLARSHIP  
For Collegiate Students

PERSONAL DATA:

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_  
Telephone \_\_\_\_\_ Sex \_\_\_\_\_ Ethnic Background \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Father's **Occupation** \_\_\_\_\_ Mother's Occupation \_\_\_\_\_ With  
whom do you reside? \_\_\_\_\_ Both parents \_\_\_\_ Mother only \_\_\_\_ Father Only \_\_\_\_ Other (Specify) \_\_\_\_\_  
Number of children at home \_\_\_\_ (including applicant) Number of siblings/household members presently in college full-time \_\_\_\_  
**High School Attended** \_\_\_\_\_ Year of Graduation \_\_\_\_\_

*Note: You, may submit a resume in lieu of **completing this section***

List any offices held and honors received in High School \_\_\_\_\_

In College \_\_\_\_\_

List the activities engaged in while in College: (clubs, sports, community, church, de.)

College \_\_\_\_\_

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List the name(s) of references:

Name	Position	Address	Telephone

Complete the following information:

Tuition	Room & Board	Books & Materials	Personal Expenses	Travel	Total

Major

Minor \_\_\_\_\_

Financial Statement - *Applicant's Estimated Receipts*

Parent Contribution	Applicant's Expected Summer EARNINGS	Applicant's Savings	Gifts or other Income	Scholarships			Loans/Aid	Total
				Name	Amount	Status*		
								<b>S</b>
								<b>S</b>
								<b>S</b>

\* Status of scholarship - Put and "A" if scholarship has been awarded, put a "P" if scholarship is pending - use additional sheet if necessary.

Additional information that you would like us to consider:

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I hereby certify that the above information is true and complete to the best of my

knowledge: Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Revised: September 2005

Date \_\_\_\_\_

Date \_\_\_\_\_