

## Delta Sigma Theta Sorority, Inc. San Diego Alumnae Chapter A Public Service Sorority

### **Scholarship Application**

### Please complete and return to:

Delta Sigma Theta Sorority, Inc. San Diego Alumnae Chapter Scholarship Committee P. O. Box 84781 San Diego, CA 92138-4781

#### GENERAL INFORMATION AND INSTRUCTIONS FOR APPLICATION

Delta Sigma Theta Sorority, Inc., San Diego Alumnae Chapter recognizes and honors students who are committed to academic excellence, positive leadership, and community service.

- Eligibility for this scholarship is limited to African-American female High School Seniors and College/University Undergraduates who are residents of San Diego County. The applicant must demonstrate the following:
  - Academic achievement (minimum 2.75 G.P.A. on a 4.0 scale or 3.5 G.P.A. on a 5.0 scale in all classes)
  - Leadership ability as demonstrated by participation in extracurricular activities, community service, and/or holding positions in organizations.
- To be considered, this application packet MUST BE RECEIVED no later than March 31, 2021. A
  completed application packet will include the following:
  - A sealed and unopened official High School or College/University transcript.
  - Two (2) typed letters of recommendation.
  - One (1) typed essay adhering to the scholarship application guidelines outlined on Page 3 of the scholarship application.
  - Completion of all sections of this application (APPLICATION MUST BE TYPED).
- Completed application materials received by the deadline will be screened and evaluated by the committee. Incomplete applications will not be considered nor returned for completion. Those candidates deemed as winners will be notified via email (parent/s of minor students will be notified) and will be listed on the San Diego Alumnae Chapter's website, www.dstsandiego.org by May 31, 2021.
- Scholarship Awards will be paid directly to the student upon confirmation from the registrar of current enrollment. The Scholarship Award must be used within the academic year in which the award was presented or the award will be forfeited.

## **Scholarship Application**

□ New Application	ion			Returning Application	
		Applicant Information	n		
Name:	•				
Address:					
City:		State:		ZIP Code:	
Phone (Home):			Phone (Mobi		
Email:					
Age:	Birth Date:	I identify as woman/fen	nale: 🗌 Yes 🔲 No	Ethnicity:	
Total Household Inc	come:				
		School Information			
High School:					
Address:					
Counselor's Name:					
College Attending (	If Applicable):				
Location:	1				
Overall GPA:	Graduation Date:	No. of Units:	Major:		
		Father/Guardian			
Name:					
Address:	1			1	
City:	State:		ZIP Code:	Phone:	
Phone (Day):		Phone (Evening):			
Email:				T	
Employer:				Occupation:	
Name		Mother/Guardian			
Name: Address:					
	State:		ZIP Code:	Phone:	
City:	State.	Phono (Fuoning):	ZIP Code.	Priorie.	
Phone (Day): Email:		Phone (Evening):			
				Occupation:	
Employer:	oomo.			Occupation.	
Total Household Inc	come:	Siblings			
Name:		Age:	School:		
Name:		Age:	School:		
Name:		Age:	School:		
Name:		Age:	School:		

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Activities									
List your extra-curricular school and community activities (If additional space is required, attach one (1) 8½ x 11 sheet)									
Community Service Activities									
Organization		Dates		Level of Participation (i.e. office held, honors, volunteer)					
Extra-Curricular Activities  Level of Participation									
Organization		Dates	(i.e. office hele		, honors, volunteer)				
Awards/Recognitions									
Award		Organization			Dates				
	VA/	l. =							
Places provide your work experience for the past three		k Experienc	e						
Please provide your work experience for the past three Employer:	e (3) year	5							
Job Title:									
Duties:									
Dates:									
Employer:									
Job Title:									
Duties:									
Dates:									
Employer:									
Job Title:									
Duties:									
Dates:									

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References							
<b>Two</b> (2) letters of recommendation are <b>required</b> Submit two (2) references from the categories below:							
Community Leader/Employer:							
Teacher (Current/Past):							
School Administrator/Counselor:							
Education Plan							
Desired Major:							
Name of College/University you plan to attend:							
Where Located:							
Essay							
Please attach a one-page typed essay. Your essay must be typed in twelve (12) point font, double-spaced with 1" margins on all sides. Scholarship winners or their representatives <u>must</u> share their essay at the scholarship reception.  Choose one (1) of the essay topics below:							
New Applicants: Upon receiving my college degree(s), I plan to make a different profession, within my community, and within my family	ce in my chosen						
Returning Applicants: In the past year, what have you learned that would enhance or alter your future goals?							
Applicant Declaration							
I hereby declare that all of the statements in this application are true. Any false information <u>will</u> disqualify the applicant. I am willing to appear for a personal interview and forward any additional information, if deemed necessary. I agree to accept the decision of the Scholarship Committee of Delta Sigma Theta Sorority, Inc., San Diego Alumnae Chapter.							
Signature: Da	te:						
Print Name:							
AUTHORIZATION TO RELEASE STUDENT INFORMATION							
Parent/Guardian Signature (under age 18):	Date:						
Student Signature (age 18 and over):	Date:						
Angliand Only india							
Applicant Submission  Return your completed application to:							
Delta Sigma Theta Sorority, Inc. San Diego Alumnae Chapter Scholarship Committee P.O. Box 84781 San Diego, CA 92138-4781							