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, 2019. 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.
- 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, https://dstsandiego.org/downloads by May 31, 2019.
- 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 Applications are available on the San Diego Alumnae Chapter's website at https://dstsandiego.org/downloads

Scholarship Application

☐ **New Application** ☐ **Returning Application**

Applicant Information			
Name:			
Address:			
City:	State:		ZIP Code:
Phone (Home):		Phone (Mobile):	
Email:			
Age:	Birth Date:	I identify as woman/female: ■ Yes ☐ No	Ethnicity:
Total Household Income:			

School Information			
High School:			
Address:			
Counselor's Name:			
College Attending (*If Applicable*):			
Location:			
Overall GPA:	Graduation Date:	No. of Units:	Major:

Father/Guardian			
Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Phone (Day):	Phone (Evening):		
Email:			
Employer:			Occupation:

Mother/Guardian			
Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Phone (Day):	Phone (Evening):		
Email:			
Employer:			Occupation:
Total Household Income:			

Siblings		
Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:

Scholarship Application

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

Organization	Dates	Level of Participation (i.e. office held, honors, volunteer)

Awards/Recognitions

Award	Organization	Dates

Work Experience

Please provide your work experience for the past three (3) years

Employer:

Job Title:

Duties:

Dates:

Employer:

Job Title:

Duties:

Dates:

Employer:

Job Title:

Duties:

Dates:

Scholarship Application

References

Two (2) letters of recommendation are **required**
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 **must** 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 difference in my chosen profession, within my community, and within my family…**

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 **will** 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: _____ Date: _____

Print Name: _____

AUTHORIZATION TO RELEASE STUDENT INFORMATION

Parent/Guardian Signature (under age 18): _____ Date: _____

Student Signature (age 18 and over): _____ Date: _____

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