

*Delta Sigma Theta Sorority, Inc.—Westchester Alumnae Chapter
Scholarship Application 2017-2018*



All applicants must meet all of the Eligibility Requirements listed below:

- Δ Be an African-American female, high school senior, planning to attend a four-year college or university
- Δ Reside in Westchester County and graduate from high school by June 2018
- Δ Have a cumulative Grade Point Average of 83% or higher, 3.0 on a 4.0 scale, or 4.0 on a 5.0 scale
- Δ Have previously applied for Fall 2018 admission/enrollment in a four-year college or university

PERSONAL DATA

Name: _____
Last First Middle

Address: _____
Number Street City, State Zip

E-Mail Address: _____ Phone (H): _____ Phone (M): _____

Parent(s) Name(s): _____

Parent Address: _____
If different from student

High School Name: _____ GPA: _____ SAT/ACT Scores: _____

ORGANIZATIONAL INVOLVEMENT, HONORS & SPECIAL INTERESTS

***Please attach resume and include organizational memberships, offices held, honors/awards received, Indicate employment with titles and employer, extracurricular activities and dates of involvement.**

COMMUNITY SERVICE ACTIVITIES

(Complete all sections below or application will be considered incomplete)

In the order of importance list the community service activities in which you have been involved, dates of involvement, roles and responsibilities and any leadership positions or memberships held.

Community Service Activity	Dates of Involvement	Frequency Ex:(Once, yearly, 2x/week)	Role/Responsibility/ Office Held Ex: (tutor, member, president, organizer)
1.			
2.			
3.			
4.			
5.			
6.			

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EDUCATIONAL PLANS

Submit a one page typed essay, doubled space, 750 words or less, and titled: "DST Scholarship Essay".
Essay should answer the following prompt:

Share your personal point of view on your most significant challenge or accomplishment and its value to your life.

POTENTIAL COLLEGE/UNIVERSITY

School Name			
School Location (City & State)			
Application Status	<input type="radio"/> Pending <input type="radio"/> Accepted	<input type="radio"/> Pending <input type="radio"/> Accepted	<input type="radio"/> Pending <input type="radio"/> Accepted
Annual Tuition	\$	\$	\$
Room & Board	\$	\$	\$
Total Annual Cost	\$	\$	\$

PARENT/GUARDIAN INFORMATION

Name

Occupation

1.		
2.		

Number of dependents in household _____ Number of dependents currently attending college _____

OTHER SCHOLARSHIPS/FINANCIAL AWARDS

List any other scholarships or financial awards you have applied for, received, or that are pending.

Gifts, Awards, & Scholarships	Term of Award (1 year, 4 years, renewable)	Total Amount of the Award

Financial Need Statement (Optional) *Please do not submit tax forms or FAFSA*

Please attach a separate letter explaining your financial need or any special circumstances you would like the committee to consider. *(Please check if an additional sheet is attached.)* _____

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RECOMMENDATIONS

Submit the following three (3) Letters of Recommendation

1. ___ Guidance Counselor
2. ___ Teacher
3. ___ Community Service Supervisor

Recommendation letters MUST:

1. Be on official letter head
2. State the recommender's name, relationship to the applicant, and length of time he/she has known the applicant
3. Be addressed to Delta Sigma Theta Sorority, Inc. Westchester Alumnae Chapter Scholarship Committee
4. Speak to the applicant's character, education, service, level of commitment and any other pertinent information the committee should consider
5. Be given to the student in a sealed envelope with signature across the seal for submission with the complete application packet

NOTE: Information contained in the letters is confidential and will be treated as such.

HIGH SCHOOL TRANSCRIPTS

Submit official high school transcript under separate cover. Transcript should include student's grades, GPA, class rank, and SAT/ACT scores if applicable. Please have parents sign and submit the attached release form to the school.

SAT/ACT SCORES

Submit SAT/ACT Scores from official website (if not included in school transcript). SAT/ACT scores from official websites must include website information, student's name, date of test(s) and test scores.

DECLARATION

I hereby declare that all the above statements are true. I have included with this application the necessary official transcript and letters of recommendation in sealed envelopes. I am willing to appear for a personal interview, be photographed for publicity purposes, and forward any additional information if necessary. I agree to accept the decision of the Scholarship Committee of Delta Sigma Theta Sorority Inc., Westchester Alumnae Chapter.

_____/_____/_____
Applicant's Signature *Parent's Signature* *Date*

COMPLETED APPLICATIONS SHOULD BE MAILED TO:

Delta Sigma Theta Sorority, Incorporated
Westchester Alumnae Chapter
Attn.: Scholarship Committee
P.O. Box 268
White Plains, NY 10602

Delta Sigma Theta Sorority, Inc.—Westchester Alumnae Chapter
Scholarship Application 17-18

APPLICANT ELIGIBILITY: All applicants must:

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- △ Reside in Westchester County and graduate high school by June 2018
- △ Have a cumulative Grade Point Average of 83% or higher, 3.0 on a 4.0 scale, or 4.0 on a 5.0 scale
- △ Have previously applied for Fall 2018 admission/enrollment in a four-year college or university

APPLICATION CHECKLIST

Completed application and supporting documents must be submitted as one completed packet and all materials must be **RECEIVED** by **February 28, 2018**.

A completed application packet contains the following:

- Completed application with signed Declaration by parent and applicant
- One-page typed double spaced essay (750 words or less)
- Official transcript with cumulative GPA requirement in a sealed envelope
- SAT/ACT scores (A copy of scores will be accepted from the official SAT/ACT College Board website, printed with applicant's name and pertinent information.)
- Three (3) signed Letters of Recommendation written to Delta Sigma Theta Sorority, Inc.— Westchester Alumnae Chapter and **submitted on official letterhead** with signature across the envelope seal
- Résumé
- Financial Need Statement (Optional) *Please **do not** submit tax forms or FAFSA*

EVALUATION CRITERIA

- △ Factors considered by the Scholarship Selection Committee in evaluating applications include academic achievement, community service, leadership and financial need.
- △ Unofficial transcripts will not be accepted.
- △ Unsealed transcripts and unsealed letters of recommendations will not be accepted.
- △ Recommendation letters not on official letterhead and unsigned will not be accepted.
- △ Applications received after the deadline will not be reviewed.
- △ Incomplete applications will not be reviewed. All parts of the application must be completed. All requested documents and letters must be received.
- △ Application materials will not be returned.

SCHOLARSHIP INTERVIEW

Applicants who qualify will be contacted by the Scholarship Committee and informed of interview date, time and location. Interviews will be scheduled on **March 12 - March 14, 2018**.

NOTIFICATION OF AWARDS

All applicants will be notified by letter in April 2018 upon completion of the scholarship award process.

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Release of Official Documents Form

Applicant: Please complete with signature and submit to your high school guidance counselor for release of your high school transcript and SAT/ACT scores.

Date: _____

Guidance Counselor's Name: _____

High School: _____

City: _____, New York _____

Dear Guidance Counselor:

My daughter, _____, is an applicant for a scholarship awarded by Delta Sigma Theta Sorority, Inc., Westchester Alumnae Chapter. This letter authorizes you to release an official copy of her high school transcript to this organization for consideration. The transcript should include: class ranking as well as SAT and/or ACT scores. If test scores are not included on the transcript, a copy of them should be enclosed. **Please send this information to the address listed below.**

Transcript must be RECEIVED by February 28, 2018.

Delta Sigma Theta Sorority, Inc.
Westchester Alumnae Chapter
Attn.: Scholarship Committee
P. O. Box 268
White Plains, NY 10602

Sincerely,

Parent/Guardian Name: (print) _____

Parent/Guardian Signature: _____

