



Delta Sigma Theta Sorority, Inc. Nassau Alumnae Chapter

P.O. Box 2148
Garden City, New York 11531

To: Guidance Counselors & College Advisors

From: Michelle Johnson and Nicole Johnson

Scholarship Co-Chairpersons

Date: January 2, 2018

Re: COLLEGE SCHOLARSHIPS

Delta Sigma Theta Sorority, Inc., Nassau Alumnae Chapter is offering a scholarship to a graduating senior who is planning to attend a Historically Black College or University. In addition, we are also offering Incentive Awards to assist students in their educational pursuit. We are requesting your help in obtaining eligible students who reside in Nassau County, attend a Nassau County School, and are of African ancestry.

Please use the following criteria in selecting students who have:

1. Displayed motivation and a strong commitment to higher education
2. A cumulative grade point average of
 - 85% and above - Scholarship to be used towards attending a Historically Black College/University
 - 85% and above - Incentive Award to be used towards any four-year college
 - 75% and above - Incentive Award to be used towards any two-year college or technical school
3. Special talents
4. Participation in community activities
5. Involvement in extra-curricular activities

As part of the application process, selected applicants will be interviewed. Children of members of Delta Sigma Theta Sorority, Inc. are not eligible for the scholarship or incentive award.

Completed applications should be submitted with an official transcript and two (2) letters of recommendation for each student **postmarked by February 16, 2018** to:

Scholarship Committee
Delta Sigma Theta Sorority, Inc.
Nassau Alumnae Chapter
P.O. Box 2148
Garden City, NY 11531

Thank you in advance for your assistance and support of our efforts.

DELTA SIGMA THETA SORORITY, INC.
NASSAU ALUMNAE CHAPTER
Tonya Cantlo- Cockfield, President

2018 SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE

"Children of Delta Sigma Theta Sorority, Inc. members are not eligible for the scholarship or incentive award."

NAME _____
Last **First**

ADDRESS _____
No. & Street Name **City** **State** **Zip Code**

PHONE # () _____ CELL# () _____ E-MAIL _____ AGE _____

GENDER Male / Female _____ HIGH SCHOOL _____

SAT SCORES: VERBAL: _____ MATH: _____ WRITING: _____ ACT SCORE: _____

(NOTE: S.A.T. SCORES MUST BE INCLUDED ON TRANSCRIPT OR ATTACH AN OFFICIAL COPY OF SCORES WITH APPLICATION)

GUIDANCE COUNSELOR / COLLEGE ADVISOR'S NAME: _____
GUIDANCE COUNSELOR / COLLEGE ADVISOR'S E-MAIL: _____

COLLEGES APPLIED TO: _____

NOTICE OF ACCEPTANCE FROM: _____

(OVER)

Delta Sigma Theta Sorority, Inc., Nassau Alumnae Chapter, P.O. Box 2148, Garden City, N.Y., 11531
Tonya Cantlo- Cockfield, President

DELTA SIGMA THETA SORORITY, INC.
NASSAU ALUMNAE CHAPTER
Tonya Cantlo-Cockfield, President

WHAT IS YOUR KNOWLEDGE OF DELTA SIGMA THETA SORORITY, INC.?

WHY ARE YOU INTERESTED IN OUR SCHOLARSHIP?

WHAT ARE YOUR CAREER GOALS?

WHY HAVE YOU CHOSEN THE ABOVE CAREER GOALS?

LIST ANY HONOR SOCIETIES TO WHICH YOU BELONG.

(If More Space Is Required, You May Use Additional Pages)

DELTA SIGMA THETA SORORITY, INC.

NASSAU ALUMNAE CHAPTER

Tonya Cantlo- Cockfield, President

TELL US ABOUT YOUR COMMUNITY AND SCHOOL INVOLVEMENT. INDICATE THE LENGTH OF TIME YOU PARTICIPATED IN EACH ACTIVITY.

INVOLVEMENT IN THE COMMUNITY. The community activities must be unrelated to your participation in extracurricular activities in school.

WHERE?	DATES	POSITION	RESPONSIBILITIES

INVOLVEMENT IN THE SCHOOL.

WHERE?	DATES	POSITION	RESPONSIBILITIES

(If More Space Is Required, You May Use Additional Pages)

DELTA SIGMA THETA SORORITY, INC.
NASSAU ALUMNAE CHAPTER
Tonya Cantlo-Cockfield, President

RECOMMENDATIONS

PLEASE LIST THE NAMES OF TWO PERSONS AND THEIR POSITIONS.
One letter of recommendation must be from school personnel.

NAME	POSITION
1.	
2.	

PLEASE CHECK ALL THAT APPLY.

- I AM APPLYING FOR THE SCHOLARSHIP TO BE USED TOWARDS ATTENDING A HISTORICALLY BLACK COLLEGE/UNIVERSITY.**
- I AM APPLYING FOR THE INCENTIVE AWARD TO BE USED TOWARDS ANY FOUR YEAR COLLEGE OF MY CHOICE**
- I AM APPLYING FOR AN INCENTIVE AWARD TO BE USED TOWARDS ANY TWO YEAR COLLEGE OR TECHNICAL SCHOOL OF MY CHOICE**

REQUIREMENTS

- 1. TWO (2) LETTERS OF RECOMMENDATION**
- 2. A CURRENT OFFICIAL HIGH SCHOOL TRANSCRIPT WITH SCHOOL SEAL**
- 3. COMPLETED SCHOLARSHIP APPLICATION**

THE ABOVE MUST BE RETURNED TOGETHER BY THE DEADLINE DATE:
FEBRUARY 16, 2018

MAIL TO: SCHOLARSHIP COMMITTEE
DELTA SIGMA THETA SORORITY, INC.
NASSAU ALUMNAE CHAPTER
P.O. BOX 2148
GARDEN CITY, NEW YORK 11531

PLEASE LET US KNOW HOW YOU BECAME AWARE OF OUR SCHOLARSHIP. PLEASE SPECIFY THE SOURCE OF OBTAINING THIS APPLICATION:

SCHOOL: _____

CHURCH: _____

AGENCY / ORGANIZATION: _____