

DELTA SIGMA THETA SORORITY, INC.
CINCINNATI ALUMNAE CHAPTER
SCHOLASTIC ACHIEVEMENT AWARD
(TYPE or PRINT ALL Information with a Black Ballpoint Pen)

I. PERSONAL DATA

Name: _____
Last First Middle

Address: _____
Number Street City, State Zip Code

DOB: ____ / ____ / ____ Home Phone: _____ Cell: _____

E-mail address: _____

High School: _____

Address: _____ City State Zip

Dates Attended From: _____ To: _____ Current Unweighted GPA: out of
***Must be 2.75 or higher**

Voluntary Self Identification- If you choose not to disclose your application is still valid.

Race (circle any that apply): Hispanic or Latino White Black or African American Asian
Native Hawaiian or Pacific Islander American Indian or Alaskan Native



II. ORGANIZATIONAL INVOLVEMENT, HONORS & SPECIAL INTERESTS

(Include all leadership activities, special programs, internships, etc. that you have been involved in.)

1. List the organizational memberships and offices you have held in your school.

Organizations	Office(s) Held and Year
_____	_____
_____	_____
_____	_____
_____	_____

2. List the organizational memberships and offices you have held in your community.

Organizations	Office(s) Held and Year
_____	_____
_____	_____
_____	_____

3. List any Honors and Awards and the year you received them.

_____	_____
_____	_____
_____	_____

4. List your special interests.

_____	_____
_____	_____



III. WORK EXPERIENCE (Option - You may attach a current resume for Part III)

List any work experience (Include job title, employer & dates of employment)

1. Employer: _____
 Address: _____
 Job Title: _____
 Dates of Employment: _____

2. Employer: _____
 Address: _____
 Job Title: _____
 Dates of Employment: _____

3. Employer: _____
 Address: _____
 Job Title: _____
 Dates of Employment: _____



IV. PROPOSED EDUCATIONAL PLAN

1. ESSAY REQUIREMENTS AND INSTRUCTIONS

- **Attach a One Page Typed Essay (250 words max) entitled "DST Scholarship Essay"**
- **Include ALL of the following information at the top of your one page document:**
 - Your Name, Home Address, E-mail Address, Telephone Number (s)
- **Begin Your Essay and You Must Address the following three areas:**
 - Your short-term goals
 - Your long-term goals
 - How obtaining a scholarship from Delta Sigma Theta will be of benefit to you.

2. **POTENTIAL SCHOOLS:** In order of preference, please list the names and addresses of the schools to which you have applied, or will be attending for the period in which this financial assistance is requested.

	SCHOOL 1	SCHOOL 2	SCHOOL 3
SCHOOL NAME			
SCHOOL ADDRESS			
STATUS OF APPLICATION	<input type="checkbox"/> Pending <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="checkbox"/> Pending <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="checkbox"/> Pending <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
ANNUAL COST			
TUITION			
BOOKS			
ROOM			
BOARD (MEALS)			
PERSONAL EXPENSES			
TRANSPORTATION			
TECHNOLOGY DEVICE			
TOTAL			
Academic System (Check one)	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester

Intended Major _____

V. FINANCIAL STATUS:

Father/ Guardian _____

Last	First		
Address	City	State	Zip
Occupation	Job Title		

Mother/Guardian _____

Last	First		
Address	City	State	Zip
Occupation	Job Title		

List all children dependent upon family support:

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANNUAL TOTAL FAMILY INCOME (from all sources). As noted on 2017 tax return.

Please indicate your family income range by checking the appropriate box below:

- | | |
|--|--|
| <input type="checkbox"/> \$15,000 and below | <input type="checkbox"/> \$41,000 - \$60,000 |
| <input type="checkbox"/> \$16,000 - \$24,000 | <input type="checkbox"/> \$61,000 - \$80,000 |
| <input type="checkbox"/> \$26,000 - \$40,000 | <input type="checkbox"/> \$81,000 - \$100,000 |
| | <input type="checkbox"/> \$101,000 – and above |

4. FINANCIAL NEED: Please explain any hardships you would like us to consider.

VI. OTHER SCHOLARSHIP/FINANCIAL AWARDS

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

Scholarship	Term of Award (1-yr., 4-yr., renewable, etc.)	Total Award Amount	Mark (P) or (R) Pending? Receive?	If Scholarship is pending when is the anticipated notification of the Scholarship?
1.				
2.				
3.				
4.				

LETTERS OF RECOMMENDATION INSTRUCTIONS:

FOR THE RECOMMENDATION LETTER TO BE ACCEPTED, PLEASE READ CAREFULLY:

1. Please submit two (2) Letters of Recommendation:

- Applicants must submit two letters of recommendation. One letter must be from a counselor or teacher. One letter must be from a community leader. Please note, one letter cannot fulfill two requirements (i.e. counselor/teacher and community leader in one letter is not acceptable).
- The recommendation letter from the counselor or teacher should include the scholastic achievements and/or leadership involvements that qualify you for this award.
- The community leader recommendation letter should include community service activities that you have performed. Ask the community leader who has witnessed your community service to write this letter of recommendation. Service provided to a community that can be validated by an official representative of the entity receiving the service, is how Delta Sigma Theta Sorority, Incorporated defines public service. It is unpaid voluntarism.

An example of an acceptable community service includes involvement in church activities that outreach beyond the congregation to the community-at-large, such as participation in food banks, clothing collection/distribution, or disaster relief efforts.

- The person who submits the letter(s) of recommendation should include the length of time they have known you and in what capacity.
- Neither letter may **NOT** be written by relatives.
- Letters should appear on **OFFICIAL LETTERHEAD** from the **SCHOOL** and/or **COMMUNITY SERVICE ORGANIZATION**.
- Letters should be addressed to Delta Sigma Theta Sorority – Cincinnati Alumnae Chapter and signed and dated between 12/16/17 and 02/28/18.
- Please share this information with anyone who writes a letter of recommendation for you.

2. List names and occupations of each reference.

<i>Name</i>	<i>Occupation</i>
1. _____	_____
2. _____	_____

Important Information and Application Checklist on next page...

Important Information and Application Checklist!

APPLICATION DEADLINE IS FEBRUARY 28, 2018

- Eligible applicants must be graduating high school seniors that are females who are college bound with preference given to women of African American descent.
- Factors considered by the Scholarship Committee in evaluating applications include leadership, community involvement, academic achievement and financial need.
- All application materials must be **submitted in one packet** and received on or before February 28, 2018.
- To be considered, candidates must submit a complete application package as follows:
 - ___ Seven page application with signed Declaration below
 - ___ One page typed essay
 - ___ Official transcript with GPA in a sealed envelope. Official Transcripts are embossed, sealed and signed by the school registrar and placed in a sealed envelope. It is NOT a print-out!
 - ___ Resume (Optional - to cover Part III – Work Experience)
 - ___ Two Letters of Recommendation (one from a Counselor or Teacher **and** one from a Community Leader)
- Letter should appear on ***OFFICIAL LETTERHEAD*** from the ***SCHOOL*** and/or ***COMMUNITY SERVICE ORGANIZATION*** and should be addressed to Delta Sigma Theta Sorority -Cincinnati Alumnae Chapter between 12/16/17 and 02/28/18 with appropriate signature and date.

Note: Applications received after the deadline date will not be evaluated, opened transcripts will not be accepted, and application materials will not be returned!

APPLICATIONS SHOULD BE MAILED TO:

Delta Sigma Theta Sorority, Inc.
Cincinnati Alumnae Chapter
Attention: Scholarship Committee
P.O. Box 37285
Cincinnati, Ohio 45222

SCHOLARSHIP INTERVIEW

Applicants who qualify will be contacted by the Scholarship Committee and informed of an interview date, time and location. Award recipients will be notified by *May, 2018*.

Declaration

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

Signed: _____

Date ____ / ____ / ____

Additional application forms may be obtained by emailing a request to dstcacsns@yahoo.com