

**Delta Sigma Theta Sorority, Inc.—Westchester Alumnae Chapter**  
**Scholarship Application 2019-2020**



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

- Δ Be an African-American female, high school senior planning to attend a **two- or four-year** college or university
- Δ Reside in Westchester County and graduate from high school by June 2020
- 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 2020 admission/enrollment in a **two- or four-year** college or university

**PERSONAL DATA**

Name:

Last First Middle

Address:

Number Street City, State Zip

E-Mail Address: Phone (H): Phone (C):

Parent(s) Name(s):

Parent(s) E-Mail(s):

Parent(s) Phone(s):

*Indicate Home or Cell number*

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 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 you have 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, double spaced, 750 words or less, titled: ***“DST Scholarship Essay”***.  
Be sure to include your name on the essay. Essay should answer the following prompt:

***“Describe an accomplishment or challenge you have experienced and how it has impacted 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**

Parent/Guardian	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 applied for or received.

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 completed 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(s) 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 2019-2020***

**APPLICANT ELIGIBILITY: All applicants must:**

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- 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
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**APPLICATION CHECKLIST**

Completed application and supporting documents must be submitted as one completed packet. All materials **MUST BE RECEIVED** by Friday, February 28, 2020.

**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's seal
- ☐ Résumé
- ☐ Financial Need Statement (Optional) *Please do not submit tax forms or FAFSA.*

**EVALUATION CRITERIA**

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

**SCHOLARSHIP INTERVIEW**

Applicants who qualify will be contacted by the Scholarship Committee and informed of an interview date, time, and location. Interviews will be scheduled **March 17 to March 19, 2020.**

**NOTIFICATION OF AWARDS**

All applicants will be notified by letter in April 2020, upon completion of the scholarship award process.

*Delta Sigma Theta Sorority, Inc.—Westchester Alumnae Chapter*  
*Scholarship Application 2019-2020*

Release of Official Documents Form

**Applicant:** Please complete this form 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:** \_\_\_\_\_, NY \_\_\_\_\_

**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 Friday, February 28, 2020.**

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:** \_\_\_\_\_