

DELTA SIGMA THETA SORORITY, INC.

A Service Sorority
GRAND CHAPTER



APPLICATION FOR FINANCIAL AID – SPECIAL SCHOLARSHIPS Financial Members of Delta Sigma Theta Sorority, Inc.

PLEASE COMPLETE AND RETURN TYPED APPLICATION TO:

Chair, National Scholarship and Standards Committee
Delta Sigma Theta Sorority, Inc.
1707 New Hampshire Avenue, N.W.
Washington, DC 20009

BEFORE THIS APPLICATION CAN BE CONSIDERED, THE APPLICANT SHALL PROVIDE TO THE CHAIRPERSON OF THE SCHOLARSHIP AND STANDARDS COMMITTEE A COMPLETED, TYPED APPLICATION PACKET WHICH INCLUDES:

- (1) A NON-REFUNDABLE APPLICATION FEE OF \$20.00 IN THE FORM OF A MONEY ORDER OR CERTIFIED CHECK, MADE PAYABLE TO: DELTA SIGMA THETA SORORITY, INC.; AND**
- (2) A COMPLETED APPLICATION FOR FINANCIAL AID; AND**
- (3) AN OFFICIAL TRANSCRIPT, IN A SEALED ENVELOPE, FROM THE CURRENT/LAST DEGREE-GRANTING INSTITUTION(S); AND**
- (4) A LETTER OF RECOMMENDATION, IN A SEALED ENVELOPE, FROM EACH PERSON LISTED AS A REFERENCE.**

NOTE: PLEASE REFER TO THE LETTER OF MEMORANDUM TO THE FINANCIAL AID/SPECIAL SCHOLARSHIP APPLICANT.

GENERAL INFORMATION AND INSTRUCTIONS

1. All applicants **MUST** be a **FINANCIAL** member of Delta Sigma Theta Sorority, Inc.
2. A complete application packet (as defined above) **MUST** be received no later than **APRIL 8, 2017**.
3. Parts I - IX and the signature at the end must be completed by all applicants. Omission of any part will eliminate the application from consideration.
4. Applicants may apply for this scholarship to begin or complete graduate or technical work. Graduating seniors and graduate students seeking advanced degrees may apply for these awards.
5. All awards will be paid upon confirmation of registration in graduate school for summer or regular term of the fiscal year for which the scholarship award is granted.
6. Awards are for tuition and school expenses for **ONE** school year only. A candidate may receive this scholarship award for no more than two (2) years. If previously applied, please use current/updated information (*i.e. new proposed educational plan, new recommendation letters*).

Money Order or Certified Check Confirmation—Completed by Delta Sigma Theta Sorority, Inc.

PART I: SPECIAL SCHOLARSHIPS

Scholarships are awarded on the basis of meritorious achievement to those who will be admitted to a graduate program. Please select only **ONE** (1) of the following:

- ARTS, PERFORMING OR CREATIVE** — Myra Davis Hemmings Scholarship (Founder) – **For Graduate Study**
- COMMUNICATIONS** — Julia Bumry Jones Scholarship (Soror) – **For Graduate Study**
- LAW** — Sadie T. M. Alexander Scholarship (Past National President) – **For Graduate Study**
- SOCIAL GROUP WORK** — Juliette Derricotte Scholarship (Soror) – **For Graduate Study**
- EDUCATION** — Bertha Pitts Campbell Scholarship (Founder) – **For Graduate or Undergraduate Study**
- MINISTRY** — Vashti Turley Murphy (Founder) – **For Graduate Study**

PART II: PERSONAL DATA

Name: _____
Last First Middle and Maiden

Present Address: _____
Number Street Apartment Number

City State Zip Code Phone (Area Code)

Permanent Address: _____
Number Street Apartment Number

City State Zip Code Phone (Area Code)

Member Number: _____ Email Address: _____

PART III: EDUCATIONAL DATA

Present Degree Status/Classification Level (Check applicable item):

- Bachelor's Master's Doctorate Other (Specify Classification) _____

Current Area(s) of Study: _____

Date degree expected to be conferred: _____

Colleges and Universities Attended (an official transcript from the current/last degree-granting college or university listed **MUST** be submitted with this application in a sealed envelope that is signed on the seal by the registrar):

NOTE: Current or most recent school should be listed first.

Name	Location	Dates Attended	Scholastic Major and Minor	GPA	Degree(s) Held or Pursuing

If advanced degree work is in progress, please describe research (give title of research).

PART IV: HONORS, SPECIAL TALENTS AND WORK EXPERIENCE

1. List honors and awards:

2. List honorary organizational memberships and offices held:

3. List other organizational memberships and offices held:

4. List any special talents related to your field of study (if applicable):

5. List extracurricular activities and/or community activities:

PART IV: HONORS, SPECIAL TALENTS AND WORK EXPERIENCE

6. List any work experience (Give job title, employer and dates of employment beginning with your current or most recent job):

PART V: PROPOSED EDUCATIONAL PLAN

List your major goals and educational objectives below. Include realistic steps in a bullet format you foresee as necessary for the fulfillment of your future plans. If graduate research is planned, outline a plan for such below.

In order of preference, please list the name(s) and address(es) of school(s) to which you have applied or will be attending for the period that this financial assistance is being requested:

Details	School #1	School #2	School #3
School Name			
Address			
Status of Application: <i>Pending or Accepted</i>			
Annual Cost:			
Tuition			
Books			
Room/Board			
Transportation			
Personal			
TOTAL	\$	\$	\$

PART VI: FINANCIAL STATUS

APPLICANT'S HOUSEHOLD

Marital Status: Married Single

Applicant's Occupation: _____ Annual Income: \$ _____

Spouse: _____

Last Name First Name Age

Spouse's Address: _____

Number Street Apt.

City State Zip

Spouse's Occupation: _____ Annual Income: \$ _____

Dependent Children:

Name	Age	School	Grade

PART VII: SOURCES OF FINANCIAL AID

NOTE: Please include all possible information to assist in determining the need based portion of the scholarship.

Funding Sources	2017 – 2018 Academic Year
Parental Contribution	
Your Earnings	
Spouse's Earnings	
Graduate Assistantship	
College Work Study (College Job)	
State Grant	
Other Grants	
National Direct Student Loan	
Bank Loan (Guaranteed Student/PLUS Loan)	
Fellowship	
Scholarships (List Names & Amounts):	
Other (List Sources):	

TOTAL AMOUNT	\$
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PART VIII: RECOMMENDATIONS

Please submit recommendations from **TWO** (2) of the four choices below. Letters should include knowledge of applicant, personal attributes and involvement in extracurricular activities. **If you are currently matriculating at an institution, (a) or (b) is required as one of the two recommendations.**

- (a) University Administrator or Professor (Academic & Personal Recommendations)
- (b) Dean of Students or Assistant Dean of Students (Academic & Personal Recommendations)
- (c) Minister, Civic Leader or Professional Person (Character Recommendation)
- (d) Co-Worker, Supervisor or Professional Person in Field of Study (Professional Recommendation)

List name, occupation and category selection of each reference:

Reference	Name	Occupation	Category Selection (i.e. a, b, c, or d)
#1			
#2			

PART IX: DELTA SIGMA THETA SORORITY, INC. BACKGROUND

Full Name at Time of Initiation: _____

Chapter of Initiation: _____ Date of Initiation: _____

Location (include college/university, if applicable): _____

Financial Status: Chapter Member Member-at-Large

Current Chapter (include college/university, if applicable): _____ Chapter Number: _____

List Delta Leadership Positions (officers, committee chairs or committee members):

Local	
Regional	
National	

DISCLOSURE STATEMENT

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 agree to accept the decision of the National Scholarship and Standards Committee of Delta Sigma Theta Sorority, Inc.

Signature _____ Date _____

