

# DELTA SIGMA THETA SORORITY, INC.

A Service Sorority GRAND CHAPTER



## APPLICATION FOR FINANCIAL AID (FOR DELTAS ONLY)

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 member of Delta Sigma Theta Sorority, Inc.
2. A complete application packet (as defined above) **MUST** be received no later than **MARCH 29, 2019**.
3. Parts I - VIII 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 financial assistance to complete undergraduate/collegiate, graduate or technical work.
5. All awards will be paid upon confirmation of registration in school for summer or regular term of the fiscal year for which the aid is granted.
6. Awards are for tuition and school expenses for **ONE** school year only. An applicant may receive financial assistance 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: PERSONAL DATA

Name: \_\_\_\_\_  
Last First Middle Initial (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 II: 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 III: 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:
6. List any work experience (Give job title, employer and dates of employment beginning with your current or most recent job):

## PART IV: 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			
<b>TOTAL</b>	\$	\$	\$



## PART VII: 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 (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 VIII: DELTA SIGMA THETA SORORITY, INC. BACKGROUND

Full Name at Time of Initiation: \_\_\_\_\_

Chapter of Initiation: \_\_\_\_\_ Date of Initiation \_\_\_\_\_

Location (include college/university, in applicable): \_\_\_\_\_

Financial Status:      Chapter Member      Member-at-Large

Current chapter: \_\_\_\_\_ Chapter Number: \_\_\_\_\_  
(include college/university, if applicable)

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: