

DELTA SIGMA THETA SORORITY, INC.

A Service Sorority
GRAND CHAPTER

**DELTA FOUNDERS AND PAST NATIONAL PRESIDENTS
ENDOWED SCHOLARSHIP
2019 - 2020**



**HOWARD
UNIVERSITY**

**GENERAL INFORMATION AND INSTRUCTIONS FOR APPLYING
PLEASE COMPLETE AND RETURN TYPED APPLICATION TO:**

Howard University
Office of Financial Aid/Endowed Funds
2400 6th Street, NW Suite 205
Washington, DC 20059

BEFORE THIS APPLICATION CAN BE CONSIDERED, THE APPLICANT SHALL PROVIDE TO THE UNIVERSITY OFFICIAL A COMPLETED, TYPED APPLICATION PACKET WHICH INCLUDES:

- (1) A COMPLETED APPLICATION [SECTIONS I-VII]; AND**
- (2) AN OFFICIAL TRANSCRIPT, INDICATING A MINIMUM CUMULATIVE GPA OF 3.25; AND**
- (3) 500 WORD ESSAY ON HOW YOU PERSONALLY CONTRIBUTE TO THE HERITAGE OF DELTA SIGMA THETA BY VIRTUE OF YOUR ACADEMIC AND EXTRACURRICULAR INVOLVEMENT (OR PLAN TO CONTRIBUTE); AND**
- (4) PROOF OF COMMUNITY SERVICE (SEE PART III FOR COMPLETE DETAILS); AND**
 - (a) COLLEGIATE MEMBER MUST HAVE AT LEAST (1) YEAR OF CONTINUOUS COMMUNITY SERVICE (THIS SERVICE CAN BE DONE EITHER IN THE CHAPTER OR OUTSIDE OF THE CHAPTER).**
 - (b) ALUMNAE MEMBERS MUST HAVE AT LEAST (2) YEARS OF CONTINUOUS COMMUNITY SERVICE (OUTSIDE OF CHAPTER SERVICE);**
- (5) A UNIVERSITY LETTER VERIFYING “*CERTIFICATION OF GOOD STANDING*” AT HOWARD UNIVERSITY; AND**
- (6) THE FINANCIAL AID OFFICE AWARD PACKAGE FORM [ACADEMIC YEAR 2018– 2019]; AND**
- (7) ONE LETTER OF RECOMMENDATION (LETTERS FROM FAMILY MEMBERS ARE NOT ACCEPTED).**

1. All applicants must be members of Delta Sigma Theta Sorority, Inc. and enrolled full-time or part-time.
2. A complete application packet (as defined above **MUST** be received no later than MARCH 29th of the year for which the scholarship is requested, in order to be considered. If applicant previously applied, please use current/updated information (i.e. new essay, new community service letters, new recommendation letters).
3. All outside award(s) received by the student must be documented on the attached Financial Aid Award Package Form (Part V) and completed by the Financial Aid Office.

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INFORMATION MUST BE TYPED

PART I: PERSONAL DATA

1. Name _____
Last First Middle Maiden
2. Present Address _____
Number Street Apartment Number

City State Zip Code
3. Permanent Address _____
Number Street Apartment Number

City State Zip Code
4. E-Mail Address _____ Telephone # _____

PART II: EDUCATIONAL DATA

1. Degree(s) received/conferred to this date:

DEGREE	AREA OF STUDY	UNIVERSITY/COLLEGE
Bachelors	_____	_____
Masters	_____	_____
Doctorate	_____	_____
Other	_____	_____

2. Degree(s) being sought/matriculating towards at Howard University:

DEGREE	AREA OF STUDY
Bachelors	_____
Masters	_____
Doctorate	_____
Other	_____

Date Degree expected to be conferred: _____

3. Current Classification: Undergraduate Graduate Professional
4. Cumulative Grade Point Average: (Required Minimum GPA 3.25)
5. Hours completed thru Fall 2018: Anticipated Hours in Fall 2019 Semester:

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PART III: COMMUNITY SERVICE

Applicant must provide proof of community service via submission of a letter(s) from the organization(s) on official letterhead stationery.

Collegiate Sorors must have at least one (1) year of continuous community service (this service can be done **within or outside** of the chapter).

Alumnae Sorors must have at least two (2) years of continuous community service (**outside** of the chapter).

Option #1: Submit one (1) letter verifying **two years** of continuous community service **OR**

Option #2: Submit two (2) letters verifying **one year each** of continuous community service

PART IV: ESSAY

1. Write an essay (minimum 500 words) on how you personally contribute to the heritage of Delta Sigma Theta by virtue of your academic and extracurricular involvement (or plan to contribute). (Use space provided below - add attachment, if needed.)

2. If you have received funding in the past, please indicate when:

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3. If you receive funding, please indicate how the money will be used?

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In order to verify all sources of Financial Aid, this section should be printed and completed by the Financial Aid Office. Once the Financial Aid Office completes this document it must be inserted into the application packet.

PART V: FINANCIAL AID OFFICE AWARD PACKAGE FORM

Funding Sources	Fall 20 ____ Amount	Spring 20 ____ Amount
Federal Pell Grant		
Federal Direct Loan		
State Grant		
Supplemental Educational Opportunity Grant		
College Work Study (College Job		
Graduate Assistantship		
Other Grants		
Bank Loan (Guaranteed Student/PLUS Loan)		
Fellowship		
Other Scholarships (List Names & Amounts):		
TOTAL AMOUNT		

Signature of the Financial Aid Staff

(Affix Official Seal)

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PART VI: RECOMMENDATIONS

Please submit one (1) letter of recommendation. The letter should include knowledge of applicant's personal attributes and involvement in service/extracurricular activities. Listed below are examples of people that might serve as possible references (recommendation letter cannot be submitted by family members).

- (a) University Administrator or Professor
- (b) Dean of Students or Assistant Dean of Students
- (c) Minister, Civic Leader, or Professional Person

List name, occupation and category selection of each reference:

Reference	Name	Occupation	Category Selection (i.e. a, b or c)
Letter of Recommendation			

PART VII: DELTA SIGMA THETA BACKGROUND

Full Name at Time of Initiation:

Member #:

Chapter of Initiation:

Date of Initiation:

Location (include college/university if applicable)

Financial Status: Chapter Member

Member-at-Large

If Chapter—Chapter Name:

Chapter Number:

College/University (If Applicable)

FOR ALL APPLICANTS

By my signature, I authorize Howard University to release information to the donor of this scholarship, should I receive an award. I certify that all of the information given in this scholarship application is complete and accurate. If I do receive an award, I will submit a 4" x 6" professional headshot photograph; current resume; donor report form; and a "thank you" letter addressed to the scholarship donor. I understand that failure to do so by the prescribed deadline will result in the cancellation of my award.

Signature: _____ Date: _____