

Delta Sigma Theta Sorority, Inc.

Bronx Alumnae Chapter

**SCHOLARSHIP APPLICATION**

**Description**

A $6,400 scholarship, dispersed in payments of $800.00 per semester, to a promising high school senior who:

 A. Resides in the Bronx **and** maintains a minimum overall academic B average.

 B. Will enter and matriculate at a four-year college as a full-time student in Fall

 2020.

The scholarship is for a maximum of four years, with a maintained 2.8 grade point average based on a 4.0 scale each semester. You will have to email proof of enrollment or a full-time class schedule for the initial payment, and then submit via email transcripts at the end of every semester. **If for any reason, you do not matriculate into four-year college in August of 2020, you will forfeit this scholarship.**

**To Apply For Scholarship**

Complete this form and submit the following information:

1. An essay telling us about yourself, your plans upon completion of college, and what would it mean to receive this scholarship.
2. Two (2) letters of recommendation – one must be from a teacher. The second may be from anyone who can give a character reference, i.e. an employer, clergyman, counselor, school administrator, etc. **This person may not be a relative.**
3. An official high school transcript and last report card.

4 A copy of your ACT or SAT scores.

STUDENT DATA

(Complete fully – please type or print clearly)

**Personal Data**

Name: Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #:\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex:\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Data**

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Name of Principal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guidance Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_\_\_\_ACT Score:\_\_\_\_\_\_\_SAT Score:\_\_\_\_\_\_\_\_\_\_

List any awards/honors or offices held during your High School years:

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**Post-Secondary Information**

List the names of colleges and universities you are applying to:

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Where do you plan to live? \_\_\_On-campus \_\_\_Off-campus \_\_\_Commute \_\_\_Undecided

What area(s) of study do you plan to pursue in college?

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Please indicate any other scholarships you have applied for:

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Do you plan to apply for federal financial aid? \_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_No

**I hereby state that the information contained in this application is true and correct to the best of my knowledge. I understand that if I do not enter a four year as a full time matriculating student in Sept. 2020, I will forfeit the entire scholarship.**

Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN APPLICATION TO:**

Delta Sigma Theta Sorority, Inc.

Bronx Alumnae Chapter

P.O. Box 102

Bronx, New York 10467

ATTENTION: Sojourner Welch-David and Ina Mendez

**DEADLINE DATE: Application must be postmarked no later than February 28, 2020.**