

**2021 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 a four-year college as a full-time student in Fall 2021.

The scholarship is for a maximum of four years if student maintains a 3.0 grade point average based on a 4.0 scale each semester.

**To Apply For Scholarship**

Complete this form and submit the following information:

1. 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”.

1. Two (2) letters of recommendation – one must be from a teacher/ guidance counselor and one from a community service supervisor. **This person may not be a relative.**

**Recommendation letter 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., Bronx 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.**

1. An official high school transcript

4 A copy of your ACT or SAT scores if applicable for the 2020-2021 school year.

 **RETURN APPLICATION TO:**

Delta Sigma Theta Sorority, Inc.

Bronx Alumnae Chapter

P.O. Box 102

Bronx, New York 10467

ATTENTION: Joy Knight, Scholarship Chair

**DEADLINE DATE: Application must be postmarked no later than Saturday, February 27, 2021.**

 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Academic Data**

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

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

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

 **Organizational involvement honors, and Special Interest (if applicable) :**

|  |  |  |
| --- | --- | --- |
| **Awards** | **Membership** | **Honors** |
|  |  |  |
|  |  |  |
|  |  |  |

**Community Service Activities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Activity**  | **Dates** | **Frequency**  | **Roles and Responsibilities**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Have you participated in any Bronx Alumnae Chapter Youth Program?**

**Yes\_\_\_\_\_ No\_\_\_ If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of program)**

 **Potential College/ University**

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

|  |  |  |  |
| --- | --- | --- | --- |
| School Name |  |  |  |
| School Location |  |  |  |
| Application Status check all that applies | **O** Pending **O** Accepted | **O** Pending **O** Accepted | **O** Pending **O** Accepted |
| Annual Tuition |  |  |  |
| Room and Board |  |  |  |
| Total Annual Cost |  |  |  |

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

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

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

 **Other Scholarship/ Financial Awards**

List any other scholarships or financial awards applied for or received.

|  |  |  |
| --- | --- | --- |
| **Grant, Awards, Scholarship** | **Term of Award****(one time, 1 year, 4 years)** | **Total amount of reward** |
|  |  |  |
|  |  |  |
|  |  |  |

 **Parent/Guardian Information**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Occupation** |
|  |  |  |
|  |  |  |

Number of dependents in household\_\_\_\_ Number of dependents currently in college\_\_\_\_

**Declaration**

I hereby declare that all the above statements are true and correct to the best of my knowledge. I have concluded with this application with the necessary official transcript, and letters of recommendation are in sealed envelopes. I am willing to appear in person for an interview via zoom or live. Any incomplete section of the application or any missing documents will void this application.

If awarded the Bronx Alumnae Chapter Scholarship, I understand that I must be entering a four-year college as a matriculating student in September 2021, or I will forfeit the entire scholarship.

I agree to accept the decision of the Scholarship Committee of Delta Sigma Theta Sorority, Inc., Bronx Alumnae Chapter.

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

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