

DELTA SIGMA THETA SORORITY, INC. NEW HAVEN ALUMNAE CHAPTER



Delta Sigma Theta Sorority, Inc. is an organization of college-educated women committed to constructive development of its members and to public service with a primary focus on the African-American community. More information about the organization can be found at www.deltasigmatheta.org.

SCHOLARSHIP AWARDS

The New Haven Alumnae Chapter has awarded over \$250,000 in scholarships since the chapter was chartered in 1959. The chapter provides scholarships to graduating high school seniors who have excelled academically. This year the chapter will award scholarship funds ranging from \$500 to \$1,500.

ELIGIBILITY

To be considered for a scholarship, the applicant must:

- Attend high school in the greater New Haven and Bridgeport areas;
- Have a scholastic average of at least 2.5 on a 4.0 scale;
- Plan to enter a four-year university or college as a full-time freshman this year.
- Not be daughter/son of a member of Delta Sigma Theta Sorority, Inc.

APPLICATION PROCEDURE

To be considered for a scholarship, a completed application packet **must be postmarked and/or emailed by March 5, 2010.**

The completed application packet must include the following:

1. Scholarship Application (Instructions on application)
2. Two (2) letters of recommendation must be completed by a Teacher/Counselor at your school. Letters should include length of time known applicant; in what capacity; additional comments regarding intellectual ability, motivation, interpersonal skills, verbal skills or writing skills. Please include contact information.
3. Official high school transcript with SAT or ACT scores.
4. Color photograph. (ex. Wallet size)

All information is considered confidential.

CHAPTER MAILING ADDRESS

Application, transcript and recommendations should be mailed to the address below.

Mrs. Jennifer Wells-Jackson, Chair Scholarship Committee
Delta Sigma Theta Sorority, Inc.
New Haven Alumnae Chapter
PO BOX 9477
New Haven, CT 06534

If you submit your application and letters of recommendation by email, your transcripts can be faxed by your school counselor to (267) 851-1022

Finalists must participate (in person) in an interview to be given further consideration for an award.

PERSONAL INFORMATION

Student's Name (Last, First, Middle, Initial)

D.O.B.

Permanent Address

City

State

Zip Code

Home Telephone

Mobile Telephone

E-Mail Address

Name of Parent(s)/Guardian

SCHOOL INFORMATION

Name of High School

City/State

School Counselor's Name

School Counselor's Telephone

Cumulative GPA

Expected Graduation Date (mm/dd/yyyy)

COLLEGE APPLICATIONS

List the Universities/Colleges to which you have been accepted below:

1.	3.
2.	4.

Intended Major/Career Interest:

Have you applied for financial assistance?
Yes No

Have you been awarded financial assistance or scholarships?
Yes No

If yes, list the sources of the financial award or scholarship below:		
NAME OF AWARD/SCHOLARSHIPS	SOURCE	AMOUNT

COMMUNITY SERVICE

Delta Sigma Theta Sorority Inc. is a public service organization and your contribution to your community is important to us. Please list your community service activities below:

PERSONAL ESSAY

Write an essay addressing the following topic: **“What experiences have lead to your education or career aspirations.”** Your essay must not exceed two double-spaced typed pages and will be evaluated based on content, grammar, and presentation.

CERTIFICATION

By the signature below, you affirm that all information you provide is true and complete to the best of your knowledge. Misrepresentation or the submission of inaccurate or incomplete information will result in disqualification or forfeiture of any award.

Applicant Signature:

Date: