



# DELTA SIGMA THETA SORORITY, INC.

Phoenix Metropolitan Alumnae Chapter

P.O. Box 25576

Phoenix, AZ 85002

## DELTA SIGMA THETA SORORITY, INC. SCHOLARSHIP APPLICATION AND INSTRUCTION

### I. Eligibility Requirements

1. Be of African American/Black heritage or descent.
2. Be a current Arizona Resident.
3. Be currently enrolled at a Metropolitan Phoenix area High School or an accredited college or university as a full-time student (12 semester hours or equivalent). **Distribution of funds to awardees will occur upon documentation of full-time enrollment at a college or university.**
4. Meet the minimum cumulative grade point average requirement of a 3.0 on the standard scale of 4.0. Please provide a conversion of your grades to the “4.0 grading scale” if your high school, college or university uses a different scale.

### II. Application Guidelines

5. Submit two (2) Letters of Recommendation. One must be from a current teacher or counselor at your high school or faculty at your college/university. The other may be from a **non-relative** who is familiar with your academic, community service and/or professional performance.
6. List Involvement in Public Service and Extra-Curricular Activities.
7. Provide an official **Academic Transcript (through the most recently completed semester.)** You must request that your High School or University’s registrar forward the transcript directly to you (and it must be provided to the Scholarship Committee unopened) or to the mailing address below. **We will not accept student copies or other unofficial transcripts.**
8. Submit a Current typed **Resume**.
9. Submit a typed **Personal Statement** of **at least 500 words.** Your essay should specifically discuss the following **(1)** your current career goals and what steps you are planning to take to achieve them, **(2)** what does it mean to be active in public service, how you plan to be involved in public service for the current year (i.e. do you plan to take on a leadership role, is there a specific event that you are going to plan, etc.) and how you have been involved in the past, **(3)** what personal knowledge do you have about the work Delta Sigma Theta Sorority, Inc. does in the community, **(4)** how would receiving this scholarship benefit you.
10. Submit a completed application packet by the deadline. Please type your responses, including “N/A” for items that are not applicable to you. The application **MUST** be completed in its entirety, submitted with the items listed.

11. Scholarships will be presented at the Delta Sigma Theta Sorority, Inc. Phoenix Metropolitan Alumnae Chapter end of the year event. **Recipients are required to attend in order to receive the scholarship.**

Mail application and all accompanying materials to:

Delta Sigma Theta Sorority, Inc.

Phoenix Metropolitan Alumnae Chapter

Attn: Scholarship Committee

P.O. Box 25576

Phoenix, AZ 85002

**Postmarked Deadline: February 25, 2012**

**Contact Info: Kim Gathers 602-476-4140 or kngathers@gmail.com**



It is the Applicant's responsibility to ensure that his/her registrar has had enough time (usually three to four weeks) to get the required items to you or Delta Sigma Theta Sorority, Inc. The Scholarship Committee can only accept original documents. Faxed materials will not be accepted. Delta Sigma Theta Sorority, Inc. is not responsible for items lost or improperly handled by the mail carrier services. **Please plan carefully so that your application receives the consideration it deserves.**

# DELTA SIGMA THETA SORORITY, INC.

PHOENIX METROPOLITAN ALUMNAE CHAPTER

## Scholarship Application

### Applicant Information

Name \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City State Zip Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip

Sex M \_\_\_\_\_ F \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

### Academic Profile

Grade Point Average \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

High School Name \_\_\_\_\_ Class Rank \_\_\_\_\_

High School location \_\_\_\_\_  
Address City State Zip

College/University ( ) accepted or ( ) enrolled Estimated Yearly Tuition Amount \_\_\_\_\_

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City State Zip

Major \_\_\_\_\_ Class/Rank \_\_\_\_\_

**SCHOLARSHIP BACKGROUND**

Scholarships awarded including those covering the period of aid requested in this application (attach additional sheets if needed):

<b>Source</b>	<b>From</b>	<b>To</b>	<b>Annual Amount</b>

Honors, Awards and other Achievements: List academic honors and other distinctions (i.e., Honor Society, Dean's List or other awards)

---

---

Public Service:

<b>Organization</b>	<b>Office Held, if any</b>	<b>Date(s)</b>

Extra-Curricular Activities:

<b>Activity</b>	<b>Date(s)</b>

**APPLICANT'S STATEMENT**

**In submitting this application, I hereby certify that:**

- I have met **ALL eligibility** requirements as outlined and acknowledge that misrepresentation of the information presented may be grounds to rescind the scholarship award. I also agree to inform the scholarship committee of any significant changes to that information.
- I will use the proceeds of any scholarship received for the payment of **tuition, required fees, room and board**, and/or **required materials** only.
- If I am awarded a scholarship, I will provide satisfactory evidence, as required by Delta Sigma Theta Sorority, Inc. Phoenix Metropolitan Alumnae Chapter, of my full-time enrollment during the period(s) for which the scholarship is awarded.
- I will attend the Scholarship Awards program to accept the scholarship award.
- I understand that submission of this application constitutes permission to use my name and/or photograph for promotional purposes in all Delta Sigma Theta Sorority, Inc. publications.
- I agree to the release of official transcripts of my grades to Delta Sigma Theta Sorority, Inc. Phoenix Metropolitan Alumnae Chapter.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date