

Foothill Alumnae Chapter

DELTA SIGMA THETA SORORITY, INCORPORATED

2020 SCHOLARSHIP APPLICATION INFORMATION

Applicant Qualifications:

- △ African-American candidate for high school graduation
- △ Grade point average (GPA) 2.75 or higher on a 4.0 scale
- △ Acceptance at a four-year college/university or a community college
- △ Leadership qualities and community service involvement
- △ Financial need

Multiple scholarships ranging from \$500 to \$1000 will be awarded.

The following items MUST be submitted:

- Scholarship Application - **must be typed**
(Handwritten, incomplete and/or unsigned applications will not be considered)
- Transcript (Official sealed copy for grades 9-12)
- Photo (Senior picture or headshot preferred)
- Acceptance letter(s) - (Copies from a college, university, or community college.)
- Personal Essay (500 word maximum)
- Recommendation Letters - **Two (2) total**

*Submit one (1) recommendation from both groups a **and** b:*

- a) *Teacher, counselor, department chairperson, school principal or other administrator.*
- b) *Pastor, religious leader, community service/volunteer director, employer, civic leader, or athletic coach.*

Recommendations from family members will not be rated.

Applications must be received on or before Monday, April 6, 2020

Mail completed application to: **Scholarship Committee
Delta Sigma Theta Sorority, Inc.
Foothill Alumnae Chapter
P.O Box 377
Monrovia, CA 91017-0377**

Important: All documents submitted become the property of Foothill Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and will not be returned. Interviews will be scheduled for students who submit the required application and supporting documents.

For additional information contact Ms. Rosalind Smith , Scholarship Chairperson, at foothillscholarship@gmail.com.

Delta Sigma Theta Sorority, Inc. was founded on January 13, 1913 at Howard University by 22 African-American women to promote academic excellence, and to provide educational enrichment, cultural awareness, and assistance to those in need. Delta Sigma Theta Sorority is committed to the ideals of scholarship, service, and sisterhood.

The Foothill Alumnae Chapter was established in 1991 and primarily serves African-American families in the San Gabriel/Foothill area. This Chapter has awarded scholarships to graduating high school students since 1998.

Please retain this page for your reference

Foothill Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.
2020 SCHOLARSHIP APPLICATION

Applications must be received on or before **Monday, April 6, 2020**

PERSONAL DATA

Name: (First, Middle, Last):			
Birthdate: mm/dd/yyyy			Age:
Address:			
City, State, Zip Code:			
Home Phone:		Cell Phone:	
E-mail Address:			
College/University Choice(s):			
Career Objective(s):			

EDUCATIONAL DATA

High School Name:					
Address:					
City, State, Zip Code:					
Dates Attended: mm/dd/yyyy	From		To		
Grade Point Average		Class Size:		Class Rank:	

I hereby declare that all statements in this application are true. I am willing to provide any additional information deemed necessary to be considered for a scholarship award. I understand that failure to submit a completed application on or before the application deadline will disqualify me from consideration. I agree to accept the decision of the Scholarship Committee of the Foothill Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated.

Signature

Date

ACTIVITIES

List school and community activities in which you have been involved. (Example: athletics, orchestra, choir, key club, student government, Delta Academy GEMS, EMBODI, etc.) Attach additional sheets or service logs if necessary.

School Organizations

Organization Name	Length of Time in Organization	Responsibilities or Offices Held

Community Organizations

Organization Name	Length of Time in Organization	Responsibilities or Offices Held

Volunteer Service

Organization/Agency Name	Hours of Service	Date of Service	Description of Service
Total Hours			

Special Awards/Honors

Name of Award	Date Received	Name of Sponsoring Organization

Paid Work Experience

Position Title	Length of time in Position	Job Description

CONFIDENTIAL DATA

Parent/ Guardian's Name: (First, Last)				
Address:				
City, State, Zip Code:				
Phone:	Home		Cell	
E-Mail Address:				
Parent/ Guardian's Name: (First, Last)				
Address:				
City, State, Zip Code:				
Phone:	Home		Cell	
E-Mail Address:				
Number of Siblings Living at Home:		Number of Siblings Attending College:		
Financial Need (Please explain in detail any special circumstances that might affect your ability to pay for college expenses):				
Have you been awarded any scholarships and/or financial aid from other organizations or another chapter of Delta Sigma Theta?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:			

PERSONAL ESSAY

Limit the essay to a maximum of 500 words. The essay **MUST** be typed (12pt), and double-spaced.

Describe your future educational and career aspirations. Include an explanation of key steps you have already taken and will continue to take in order to achieve your goals. Also, describe your most meaningful achievements and how they relate to your field of study and your future goals.

**Foothill Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.**

2020 Recommendation Form

Applicant only: Complete the top section of the form, then give a copy to two persons you want to recommend you.

Name of Applicant (First, Middle, Last):	
Address:	
City, State, Zip Code:	

Phone:	Home:		Cell:	
E-Mail Address:				
High School Name:				
High School Address:				

Completed Applications must be received on or before Monday, April 6, 2019

Writer of Recommendation only:

The student named above is applying for a scholarship award from the Foothill Alumnae Chapter of Delta Sigma Theta Sorority, Inc. We would appreciate your candid assessment of the applicant's character, intellectual ability, motivation, and interpersonal skills. **Please complete and attach this form to your written recommendation. Place the recommendation in a sealed envelope with your initials or the institution's stamp across the sealed portion of the envelope. Return the sealed envelope to the student. Please note, only the scholarship committee will review your comments.**

Name and Title:	
Name of Institution:	
E-mail Address:	
Length of Acquaintance:	

Please check one of the following:

- ☐ Applicant is outstanding/highly recommended for scholarship
- ☐ Applicant is good/recommend for scholarship
- ☐ Applicant is fair/neutral recommend for scholarship
- ☐ I do not recommend this applicant for the scholarship

Signature

Date

Thank you for taking the time and effort to complete this form. Your input is very important to the selection process.