



The Philadelphia Alumnae Chapter of Delta Sigma Theta Sorority, Inc provides annual scholarship aid to students, regardless of race or sex, in pursuit of higher education.

The minimum requirements:

1. Applied to an accredited two or four year college or university
2. Minimum “B” average (3.0)
3. Attendance at a Philadelphia County School

The following documents must be submitted with the completed application:

1. Most recent official school transcript with seal including grades from September through December 2017. Your transcript must be in a sealed envelope with signature and job title of individual from the office.
2. Write a full statement of your educational objectives and life goals. Include realistic steps you see as necessary for fulfillment of your future plans. **THE GOAL STATEMENT MUST BE TYPED.**
3. Three (3) letters of reference: (Family members excluded) examples of suitable references – a teacher, professor, pastor, employer or an individual familiar with the applicant’s abilities and character.
4. SAT or ACT scores.
5. Parents/Guardians- please describe in 150 words your financial need. Please attach to this document.
6. Falsification of any aspects of this application will result in it being removed from consideration.

DEADLINE: APPLICATIONS MUST BE **Postmarked and Received by FEBRUARY 3, 2018 Please mail the completed application and required documents to:**

Delta Sigma Theta Sorority, Inc. Scholarship Committee P.O. Box 25201, Philadelphia, PA 19119. Applications **postmarked or received after Feb. 3, 2018 will not be reviewed. Please allow enough time for delivery. Incomplete application packets will not be reviewed. All provided information remains strictly confidential and used exclusively for the purposes of evaluation.**

Applicants who have successfully completed this process will be notified via email regarding interviews.

Please Print or Type All Information
BACKGROUND INFORMATION

Applicant's Name:

First, Last, (M I)
Home address:

Apt. Number if applicable: _____
City: _____ State: _____ Zip: _____

Sex Circle One (F,M) Date of Birth _____
Email address: _____

Cell Phone Number: _____

Name of Parent(s)/Guardian(s): _____

Home Address if different than above: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Home Number: _____
Email address: _____

SCHOOL INFORMATION

High School Name: _____
Address:

City: Philadelphia State: Pennsylvania Zip191_____

SAT: Date _____ Date _____ Date _____

OR

ACT: Date _____ Date _____ Date _____

List three (3) colleges/universities to which you have applied. State the current status of your application: either Accepted or Pending

	College/University	Status
1.	_____	_____
2.	_____	_____
3.	_____	_____

SCHOOL/WORK/RELIGIOUS/ACTIVITIES (Use extra sheet if necessary)

Honors/Awards/Recognitions:

School: _____

Work: _____

Religious: _____

High School and Community Involvement Activities: Include Leadership roles (Offices held, Committees Chaired, Team Captain, etc.)

High School:

Membership: _____

Leadership: _____

Community Involvement:

Membership: _____

Leadership: _____

List any work experience: (List most recent first)

Employer	Job Title	Date
----------	-----------	------

CONFIDENTIALITY NOTICE TO APPLICANTS:

Please be advised that any material you send to the Scholarship Committee of the Philadelphia Alumnae Chapter of Delta Sigma Theta, Inc will not be forwarded to any outside agency other than the University /College for which you are attending if you are selected for a Scholarship. For security purposes the Scholarship Committee will not request any "secured" information from you electronically nor will the information you submit be stored electronically.

STUDENT DECLARATION

Enclosed I hereby declare that all statements in this application are true. I have included my current OFFICIAL TRANSCRIPT in a sealed and signed envelope **from the school counselor or another school official**. (Transcript must reflect current 12th grade subjects.) I am willing to appear for a personal interview and forward any additional information if necessary. I agree to accept the final decision of the Scholarship Committee of Philadelphia Alumnae Chapter, Delta Sigma Theta Sorority, Inc.

Signature of Applicant

Date

PARENT/GUARDIAN RELEASE FORM -

As a parent/guardian, by signing this scholarship application, you agree that you have read and understood the application information, including, but not limited to the selection and participation criteria, and the fact that your child may be required to participate in an interview. You agree that you release the Philadelphia Alumnae Chapter of Delta Sigma Theta Sorority, Inc., its officers and agents from all claims and liabilities of any kind arising from your child's participation in the application process, and scholarship program in general, should he/she be selected; except if such claims are due to gross neglect or willful misconduct on the part of the Sorority, its officers or agents.

Please sign both below if applicable.

Signature of Parent/Guardian

Date

You also give the Philadelphia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. permission to use your child's name, image, voice and/or photograph for publicity purposes and to make reproductions of such in any media.

Photography Waiver

Parent/Guardian Signature: _____ Date: _____

