



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

The minimum requirements:

1. Applied to an accredited two or four year college or university
2. Minimum "B" average (2.5)
3. Attendance at a Philadelphia County High 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 2015. 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 and or ACT scores.
5. Proof of family income (Acceptable documents include copies of the applicant's and parent/guardian(s) 2014 W-2 statement, DPA/DPW Letter, Social Security Income statements etc.
6. Falsification of any aspects of this application will result in it being removed from consideration.

DEADLINE: APPLICATIONS MUST BE RECEIVED BY FEBRUARY 3, 2016. Please mail the completed application and required documents to: Delta Sigma Theta Sorority, Inc. Scholarship Committee
P.O. Box 25201 Philadelphia, PA, 19119. Applications received after Feb. 3, 2016 will not be reviewed.

Please allow enough time for delivery. Incomplete application packets will not be reviewed. All information will remain strictly confidential and used exclusively for the purposes of evaluation.

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

Please Print or Type All Information

BACKGROUND INFORMATION

Name: _____

First, Last, (M)

Address: _____

Street Apt. Number

City: _____ State: _____ Zip: _____

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

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

Home Address if different then above:

City: _____ State: _____ Zip: _____

Cell Number: _____ Home Number: _____

SCHOOL INFORMATION

High School Name: _____

Address: _____

City: Philadelphia State: Pennsylvania Zip 191____

SAT: Date _____ Date _____ Date _____

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

Honors/Awards/Recognitions: _____

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

List any work experience: (List most recent first)

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

FINANCIAL AID INFORMATION

Please attach proof of Current Income: i.e. copy parent(s)/guardian(s) 2014 W-2 Form, DPA/DPW Letter, SSI Statements etc. - **DO NOT SEND** any US Individual 1040 Tax forms. (All information will be kept confidential.)

PLEASE COMPLETE:

Yearly gross family income _____

Number of dependents on family income _____

Number of household members currently in college _____

What other resources are available to pay for your college education?

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 office at my school. (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 decision of the Scholarship Committee of 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., it's 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, it's officers or agents.

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.

If you are signing this application on behalf of someone other than your child, you certify that you have given a copy of the application and notification statement to such party, including his/her legal guardian.

Signature of Parent/Guardian

Date