

**Wilmington (DE) Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
2017-2018 Scholarship Application**

**SCHOLARSHIP APPLICATION**

\*\* Please print or type all information, except where a handwritten item is specifically requested. \*\*

If you have any questions, please contact us at [scholarship@dstwilmingtonde.org](mailto:scholarship@dstwilmingtonde.org).

Date: \_\_\_\_\_

**A. PERSONAL INFORMATION**

1. **Name** (please print): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home: (    ) \_\_\_\_\_  
Cell: (    ) \_\_\_\_\_  
E-mail: \_\_\_\_\_
  
2. **Name of Parent(s) or Guardian** (please print): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home: (    ) \_\_\_\_\_  
Cell: (    ) \_\_\_\_\_  
E-mail: \_\_\_\_\_
  
3. **High School Name:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_

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**B. SCHOLASTIC INFORMATION**

1. GPA: \_\_\_\_\_/4.0 *Minimum 2.5/4.0 required*
  
2. Please briefly state and explain the three most significant courses you have taken in preparation for post high school education.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Student Office(s) and year(s) held: \_\_\_\_\_  
 \_\_\_\_\_
  
4. School Organization membership(s) and office(s) held: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. List in the table below the College(s)/University(ies) to which you have applied and complete the additional information

University or College	Anticipated Major	Enrollment Status (accepted, unknown, wait list)	Tuition, Room and Board	Books and Fees	Estimated Yearly Transportation Cost	Total

6. Which institution above is your first choice? \_\_\_\_\_
7. Are you the first person in your family to attend college? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**C. COMMUNITY SERVICE INFORMATION**

1. List volunteer and community service activities in the table below, including school, faith-based and community agencies, e.g., the American Cancer Society.

Name of Organization	Duties Performed	Frequency (once, weekly, monthly, periodic, etc.)	Leadership Role(s)

2. Please briefly state and describe one recent public service activity you mentioned above and why you found it to be satisfying

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**D. DEMOGRAPHIC INFORMATION**

1. Do you live in a single parent home? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Do you qualify for the reduced lunch program? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Number of people living in your household (including yourself)? \_\_\_\_\_
4. Family income range (check appropriate amount):
  - a. Less than \$19,999 \_\_\_\_\_
  - b. \$20,000 and \$29,999 \_\_\_\_\_
  - c. \$30,000 and \$39,999 \_\_\_\_\_
  - d. \$40,000 and \$49,999 \_\_\_\_\_
  - e. \$50,000 and \$69,999 \_\_\_\_\_
  - f. \$70,000 and \$99,999 \_\_\_\_\_
  - g. \$100,000 and greater \_\_\_\_\_

**E. FINANCIAL INFORMATION**

1. Resources for college (indicate amount available to you; check all that apply):
  - a. Personal Savings \_\_\_\_\_
  - b. Parental/Guardian's Contribution \_\_\_\_\_
  - c. Financial Aid \_\_\_\_\_
  - d. Grant(s) \_\_\_\_\_
  - e. Scholarship(s) \_\_\_\_\_
  - f. Student's Contribution (employment, personal savings, gifts, etc.) \_\_\_\_\_

**Total amount:** \_\_\_\_\_

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2. List current part-time/full-time employment and/or internships during high school (within the past 2 years)

Commented [EN1]:

Employer	Job Title/Leadership Role	Frequency (once, weekly, monthly, periodic, etc.)	Brief Description of Job Duties

**F. PERSONAL STATEMENT AND ACKNOWLEDGEMENT**

Please briefly state the reason you should be considered for this award and how you intend to use the scholarship proceeds in pursuit of your education.

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Please briefly state any additional personal information you wish to share with the Scholarship Committee.

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I, (please print your name) \_\_\_\_\_ have read and understand the instructions in this application. I understand that the documentation will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. I affirm that all information in this application, including the statement letter, is my own work unless formally cited from other sources. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_

**PLEASE READ INSTRUCTIONS BELOW AND SIGN FOR ACKNOWLEDGEMENT**

Please forward the items listed below in one envelope. **Your correspondence must be postmarked by April 15, 2017. No hand delivered items will be accepted.**

- I. Letters of recommendation from any two of the following: minister or other religious leader, guidance counselor, teacher, principal or employer. Each letter must provide examples of leadership, personal responsibility, community service, motivation for pursuing an advanced degree and the basis for financial need.
- II. In a personal statement 500 (minimum), 700 (maximum) words, please answer the following question:  

**If you had the authority to change your school or community in a positive way, what specific changes would you make?**
- III. An **official transcript** mailed by the school (see note below) to the Post Office Box by the postmark deadline.

**Note:** The student may include the official transcript in her package or the transcript may be mailed separately. If mailed with the package, the transcript must have been placed in a sealed envelope, with the counselor's signature over the seal. **An application will be deemed ineligible for consideration if the seal has been altered.**

- IV. Scholarship application

**Mail all documents to:**

Wilmington (DE) Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
Attention: Scholarship Committee  
Post Office Box 11723  
Wilmington, DE 19850-1723

I have read, understand and acknowledge the scholarship application instructions.

Applicant Signature: \_\_\_\_\_