



DELTA OUTREACH
AND EDUCATION CENTER, INC.



GREAT GIRLS TODAY.
GREATER WOMEN TOMORROW

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.

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: () _____

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 any college or university which you have attended 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 listed above is your first choice? _____

7. Are you the first person in your family to attend college? _____ Yes _____ No

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.

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. Parent or Guardian Contribution _____
 - c. Financial Aid _____
 - d. Grant(s) _____
 - e. Scholarship(s) _____
 - f. Student Contribution (employment, personal savings, gifts, etc.) _____

Total amount: _____

2. List current employment and/or internships during high school (within the past two years)

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

F. PERSONAL STATEMENT AND ACKNOWLEDGEMENT

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

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

I, (please print your name) _____ have read and understand the instructions in this application. I understand that the documentation will be available only to authorized 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 my personal statement, is my own work unless another source is formally cited. 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 November 15, 2018. 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. **Inform the persons writing the letter that they must provide examples of leadership, personal responsibility, community service, motivation for pursuing an advanced degree and any information available to them about 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 representative to the address below by the postmark deadline.

Note: The student may choose to 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: _____