



Delta Sigma Theta Sorority, Inc.
Quaker City Alumnae Chapter
2016-2017 Scholarship Application

Dear Applicant:

Enclosed you will find the scholarship application and eligibility requirements for \$1000 scholarships provided by the Quaker City Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Please read all instruction carefully before completing the application. Be sure that you meet the eligibility requirements described on page 2. Application packet must be **postmarked** no later than **January 31, 2017**.

Should you have questions, please contact us at quakercityscholarship@gmail.com. **This mailbox is for correspondence and questions ONLY. The application and supporting documents must be mailed.**

Thank you for your participation!

Gilda Abney, Co-Chair,
Scholarship Committee

JoAnne Ragland, Co-Chair
Scholarship Committee

Dr. Claudette W. Stone, President
Quaker City Alumnae Chapter



**Delta Sigma Theta Sorority, Inc.
Quaker City Alumnae Chapter
2016-2017 Scholarship Application**

Eligibility Requirements:

The applicant must:

- Be African American high school senior
- Be a Philadelphia resident
- Have an SAT score of at least 1200 or and ACT score of at least 18
- Have a cumulative grade point average (GPA) of 3.0 or higher (on a 4.0 scale)
- Demonstrate voluntary public service or employment experience
- Apply to an accredited two or four year college or university

NOTE: Children of Quaker City Alumnae Chapter members are not eligible to apply

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING

Scholarship Application Packet must include:

- ✓ Completed Application
- ✓ One (1) copy of high school transcript that verifies the cumulative GPA
NOTE: Transcript must be in a sealed envelope from the guidance counselor
- ✓ Essay (see page 5 for the essay question)
- ✓ One (1) copy of official SAT/ACT scores
- ✓ One (1) Letter of Recommendation on official letterhead from one of the following:
 - Teacher
 - Guidance Counselor
 - Employer
 - Minister
 - Public service program director
- Please type or print all information
- Please answer all questions completely
- Application packet must be **postmarked** no later than **January 31, 2017**.

MAIL COMPLETED APPLICATIONS PACKETS TO:

**Delta Sigma Theta Sorority, Inc.
Quaker City Alumnae Chapter
PO BOX 42831
Philadelphia, PA 19101**

APPLICATION PACKETS RECEIVED AFTER THE DEADLINE WILL BE CONSIDERED INCOMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.



Delta Sigma Theta Sorority, Inc.
Quaker City Alumnae Chapter
2016-2017 Scholarship Application

Applicant Data

Last Name: _____ First Name: _____ Middle Initial: _____
 Home Address: _____ Apt. Number: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Alternate Phone: _____
 Social Security Number: _____ Date of Birth: _____
 Gender: Male Female
 Where did you hear about this scholarship program? School Internet Friend
 Other: _____

Academic Profile

School Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Guidance Counselor: _____
 GPA: _____ SAT/ACT Score: _____ Anticipated Graduation Date: _____

Please list the colleges and/or universities to which you have applied or intend to apply

College/University Name and Location	Proposed Major

Work Experience

Describe your work experience during the past four years. Indicate dates of employment for each job and approximate number of hours worked each week.

Employer Name	Position	From (Mo/Yr)	To (Mo/Yr)



Delta Sigma Theta Sorority, Inc.
Quaker City Alumnae Chapter
2016-2017 Scholarship Application

Activities, Offices and Awards

Please list any school activities. Indicate if you have offices or leadership positions. (Attach additional sheets if necessary)

Organization/ Activity Name	Year(s)

Please list any awards that you have received. (Attach additional sheets if necessary)

Award Name	Year(s)

Public Service

Organization Name and Address	Duties Performed	From (Mo/Yr)	To (Mo/Yr)	Contact Person Name/Number

Financial Data

Parent/ Guardian Last Name: _____ First Name: _____

Occupation: _____ Number of Dependents: _____

Annual Family Income: _____

Have you completed financial aid forms? Yes No If yes, please indicate what forms have been completed: _____

Have you received a financial aid award? Yes No If yes, please indicate what financial aid has been awarded: _____



**Delta Sigma Theta Sorority, Inc.
Quaker City Alumnae Chapter
2016-2017 Scholarship Application**

Essay Question

Delta Sigma Theta Sorority, Incorporated is a private, not-for-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. The major programs of the sorority are based upon the organization's Five Point Programmatic Thrust. These are:

- Economic Development
- Educational Development
- International Awareness and Involvement
- Physical and Mental Health
- Political Awareness and Involvement

Choose one of the Five Point Programmatic Thrust area listed above and compose an essay describing the type of public service that you believe is needed in that area. Your essay should be typed, double spaced and should not exceed two (2) pages.

Applicant Certification

*I certify that the information supplied in this application is accurate and true. I understand that if awarded this scholarship, funds will be made payable upon verification of enrollment at a college/university. By signing below, I consent to having my name and/or photograph used for publicity purposes by Quaker City Alumnae Chapter. I certify that I have read and understand the information above. **I understand that false or misleading information in my application or interview may result in rescinding of any scholarship award.***

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CONFIDENTIALITY DISCLAIMER

Confidentiality Notice: The information contained in the Scholarship Application and any supporting documentation that is submitted are confidential and are intended solely for the use of the Scholarship Committee of Quaker City Alumnae Chapter and any other relevant resource if needed. The materials that are submitted will not be forwarded to any outside agency other than the University/College that you are attending if you are selected for a scholarship. The Scholarship Committee will not request any secured information from you electronically and the information that you submit will not be stored electronically. If you are not the intended recipient of this Scholarship Application, you are notified that you are not to disclose, copy, distribute or take any action in reliance on the contents of this information.

DO NOT WRITE BELOW THIS LINE. FOR SORORITY USE ONLY

Application Packet Checklist

- Application
- Copy of SAT/ACT Scores
- Letter of Recommendation
- Essay
- High School Transcript
(in sealed envelope)

Received by: _____

Received Date: _____

- Eligible for Interview
- Ineligible for Interview

Interview Date: _____

Applicant Contact Date: _____