

Delta Sigma Theta Sorority, Inc.
Sacramento Alumnae Chapter
2017 Scholarship Application Guidelines

Eligibility Requirements:

- COMPLETE scholarship application and ALL supporting documents must be postmarked by **February 28, 2017.**
- Applicant must matriculate to an accredited two or four year college or university in the Fall of 2017.
- The applicant MUST have achieved a cumulative GPA of 3.0 or higher on a 4.0 GPA scale.
- Applicant MUST be a High School student in the Greater Sacramento area.
- Award selections will be based on scholastic achievement, a determined financial need, and participation in school and/or community activities.
- Applicant must be of African American descent.
- A thorough and well-written application and essay is extremely important.
- If selected, applicant must be able to attend an interview with the Sacramento Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
- No application materials will be returned.

Your application packet should include:

- An OFFICIAL transcript from your school's registrar. The transcript must be mailed directly to the address below by **February 28, 2017.**
- Complete application.
- Two (2) letters of recommendation from a teacher, principal, counselor, community leader, minister, or employer.
- A photograph of yourself (size not to exceed 4x6).
- A typed 2-3 page, double spaced essay on this year's topic: "Scholarship Matters"
 - Be sure to answer the following question "How will a scholarship help you reach your goals while in college?"

TO BE CONSIDERED ALL INFORMATION MUST BE POSTMARKED BY FEBRUARY 28, 2017.

Delta Sigma Theta Sorority, Inc.
Sacramento Alumnae Chapter
ATTN: Mikal Brown
PO BOX 221084
Sacramento, CA 95822

Scholarship recipients will be recognized at our Annual Signature Event. (May 6, 2017)

If you have questions, please contact Scholarship chair Mikal Brown scholarship@sacramentoalumnaedst.org
www.sacramentoalumnaedst.org to download application

III.***Community Activities (Indicate last 3 years)***

IV.***Family Household Information***

1. Parent(s) or Guardian [If dependent of parent(s) as classified by the federal tax code]:

Father

_____	_____	_____	_____
Last Name	First	Age	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Occupation	Job Title		

Mother

_____	_____	_____	_____
Last Name	First	Age	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Occupation	Job Title		

Other Children Dependent upon Parents for Support:

_____	_____	_____	_____
Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Other Dependents:

_____	_____	_____
Name	Relationship	Age
_____	_____	_____
_____	_____	_____

2. Annual Total Family Income from All Sources \$ _____

	Current Academic Year	Coming Year (Anticipated)
Contributions from Parents		
Savings from Your Employment		
Your Earnings		
Spouse's Earnings		
Pell Grant		
Supplemental Educational Opportunity Grant		
State Grant		
Other Grants		
National Direct Student Loan		
Bank Loan (Guaranteed Student/PLUS Loan)		
College Work Study (College Job)		
Scholarships (List names and amounts)		
OTHER (List Sources)		
TOTAL AMOUNT	\$	\$

V.***College/University Information***

1. Which college/university do you plan to attend? _____
2. Do you plan to complete an Associates Degree or a Bachelors Degree? _____
3. What is your planned field of study? _____
4. Will you apply for financial aid? _____
5. Do you expect to receive other scholarships? Yes _____ No _____ Uncertain _____

VI. Academic Standing (This section should be completed by your counselor or school registrar.)

GPA _____ Rank in Class _____ Number in Class _____

Comments: (You may attach an additional sheet if necessary)

Print name of person completing this section: _____

Title/School _____

Signature of person completing this section: _____ Date _____

Delta Sigma Theta Sorority, Inc. Student Profile

VII.

Release of Records Permission

I give permission for the school to release information regarding my academic standing to Delta Sigma Theta Sorority, Inc.

VIII.

Transcript Release

Please release an official copy of my current transcripts and mail them by
February 28, 2017 to:

**DELTA SIGMA THETA SORORITY, INC.
Sacramento Alumnae Chapter
P.O. Box 221084
Sacramento, Ca 95822
ATTN: Mikal Brown**

Student Signature (If 18 or over)

Date

Parent's Signature (If student is under 18)

Date