



## DELTA SIGMA THETA SORORITY, INC Benton Harbor-St Joseph Alumnae Chapter

Scholarship Guidelines: **Application must be typed or legibly hand printed in black ink**

1. The applicant must have a 2.7 or better overall grade point average.
2. Each applicant must submit a one to two page essay on the following topic. (The essay should be double spaced using a 12-point font).

**Please explain why you are seeking this scholarship and how it will be of benefit to you in giving back to your community?**

3. Two letters of recommendation must accompany the application. Failure to submit letters as specified may result in disqualification of application. One letter must be from a teacher. The other letter of recommendation can be from an employer, volunteer supervisor, pastor, priest, principal or assistant principal. A relative may not write a letter of recommendation.
4. Your **official transcript** must accompany your application. The transcript must be submitted in a sealed envelope with the signature of the school official across the envelope seal. Your guidance counselor can assist you with this requirement.
5. Verification (form attached) of one community service must accompany the application.
6. Applicants **must** be available for an interview on Tuesday, March 5, 2019. The interview will be confirmed by letter.
7. Recipients must enroll in a four-year College or University degree program in 2019.
8. All scholarship recipients will receive written notification of their award prior to their school Senior Honors assembly. A scholarship reception sponsored by the Sorority in their honor will be held Thursday, May 16, 2019.
9. **All complete applications and packet materials must be emailed directly to the scholarship committee at [harbordeltas@gmail.com](mailto:harbordeltas@gmail.com) by 11:59pm on **Friday, February 12, 2019.** A sealed transcript must be sent by mail to:**

DELTA SIGMA THETA SORORITY, INC.  
Benton Harbor-St Joseph Alumnae Chapter  
ATTN: Scholarship Committee  
P O Box 812  
Benton Harbor, MI 49023

9. All scholarship application questions may be directed to Ms. Patricia Brown-May, Scholarship Committee Chairperson at 269-369-3149.

# DELTA SIGMA THETA SORORITY, INC.

## Benton Harbor-St Joseph Alumnae Chapter

### SCHOLARSHIP APPLICATION

NAME \_\_\_\_\_  
                                    LAST                                    FIRST                                    MIDDLE

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF PARENTS OR GUARDIAN:

FATHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

GUARDIAN \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NUMBER OF CHILDREN LIVING AT HOME \_\_\_\_\_

THEIR AGES \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_

ANTICIPATED DATE OF GRADUATION \_\_\_\_\_

GRADE POINT AVERAGE \_\_\_\_\_

HAVE YOU APPLIED FOR ANY LOANS, GRANTS OR SCHOLARSHIPS?    YES \_\_\_ NO \_\_\_

IF YES, LIST THEM \_\_\_\_\_

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY TO WHICH YOU HAVE APPLIED:

INTENDED MAJOR AREA OF STUDY \_\_\_\_\_

HAVE YOU BEEN ACCEPTED AT A COLLEGE OR UNIVERSITY? \_\_\_\_\_

***IF YES ATTACH COPY OF ACCEPTANCE LETTER***

**FINANCIAL INFORMATION**  
**(Sheet must be completed.)**

**PLEASE IDENTIFY SCHOLARSHIPS APPLIED FOR, AWARDED AND ACCEPTED**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL** \$ \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Books and fees \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_

Other expenses \$ \_\_\_\_\_

(Please list at bottom of sheet)

**TOTAL** \$ \_\_\_\_\_

Other expenses

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Use table below to include information about community service activities. Please attach additional sheets if necessary and be specific about the amount of time donated.

TYPE OF ACTIVITY	DATES OF ACTIVITY From                      To	HOURS PER WEEK

\*One of the above must be verified on the form accompanying this application and submitted in a sealed envelope with the writer's signature across the seal.

Use table below to include information about extra-curricular activity.

DATE (MONTH, YEAR)	ACTIVITY	POSITION
From _____ To _____		
From _____ To _____		
From _____ To _____		

Applicant Name: \_\_\_\_\_

Use table below to include information about Church/religious affiliated activity.

TYPE OF ACTIVITY	DATES OF ACTIVITY From                      To	HOURS PER WEEK

List Employers below, starting with the current/last one first

DATE (MONTH, YEAR)	NAME AND ADDRESS OF EMPLOYER	POSITION
From _____ To _____		
From _____ To _____		
From _____ To _____		

**DELTA SIGMA THETA SORORITY, INC.**  
**Benton Harbor-St Joseph Alumnae Chapter**

**Scholarship Application**

**Community Service Verification Form**

Applicant's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Name of Person (verifying work): \_\_\_\_\_

Title/Position (in organization): \_\_\_\_\_

Contact Information: Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Description of work performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature below certifies that \_\_\_\_\_ was a  
(Name of Applicant)

volunteer/staff member in the above-named organization from \_\_\_\_\_ to \_\_\_\_\_  
(Start Date) (End Date)

She performed a total of \_\_\_\_\_ hours volunteer work under the supervision of

\_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_