



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 be female and 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 Thursday, March 5, 2020. The interview will be confirmed by letter.
7. Recipients must enroll in a four-year College or University degree program in 2020.
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 14, 2020.
9. **All complete applications and packet materials must be mailed (to the address below) or emailed to harbordeltas@gmail.com by 5:00 pm on **Friday, February 14, 2020**. The transcript must be sent sealed as instructed above 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.

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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

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		HOURS PER WEEK
	From	To	

*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 _____		

Student Signature _____ Date _____

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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 _____