

**2024 SCHOLARSHIP APPLICATION**

**Description**

An $8,000 scholarship dispersed in payments of $1000.00 per semester, to a promising high school senior whom:

 **A. Resides in the Bronx and maintains a minimum overall academic B average.**

 **B. Will enter a four-year college as a full-time student in the Fall of 2024.**

The scholarship is for a maximum of four years if student maintains a 3.0 grade point average based on a 4.0 scale each semester.

**In addition, there are also several 1-time grants in various amounts that are available to high school seniors as well!**

**To Apply For Scholarship**

Complete this form and submit the following information:

1. Submit a two-page, 12pt font-Times New Roman, double spaced typed essay, minimum 750 words-1000 words maximum, titled: “DST Scholarship Essay”. Be sure to include your name on the essay in the upper right-hand corner. **Select ONE of the essay prompts below**:
2. Describe an accomplishment or challenge you have experienced. How has that accomplishment or challenge impacted your life?
3. Describe a social justice issue that affects the global community and what you think can be done to eradicate the issue.
4. Describe a problem you have solved or a problem that you would like to solve within your community. Explain its significance to you and what steps you took or could you take to identify a solution.

**2.** Provide two (2) letters of recommendation – one must be from a teacher/ guidance counselor and one from a community service supervisor. **This person may not be a relative.**

**Recommendation letter MUST:**

1. Be on official school or organization letterhead.
2. State the recommender’s name, relationship to the applicant, and length of time he /she has known the applicant.
3. Be addressed to Delta Sigma Theta Sorority, Inc., Bronx Alumnae Chapter Scholarship Committee.
4. Speak to the applicant’s character, education, service, level of commitment, and any other pertinent information the committee should consider.
5. Be given to the student in a sealed envelope with signature across the seal for submission with the completed application packet.

**Note: Information contained in the letters is confidential and will be treated as such.**

1. An official high school transcript
2. A copy of your ACT or SAT scores (if applicable) for the 2023-2024 school year.

 **RETURN APPLICATION TO:**

Delta Sigma Theta Sorority, Inc.

Bronx Alumnae Chapter

P.O. Box 102

Bronx, New York 10467

ATTENTION: Ms. Knight, Scholarship Chair

**DEADLINE DATE: Application must be postmarked no later than:**

**Friday, February 23, 2024.**

**ATTENTION COUNSELORS AND STUDENTS:**

**ALL APPLICATIONS SHOULD BE MAILED VIA POSTAL SERVICE.**

**NO ELECTRONIC SUBMISSIONS OF APPLICATIONS ARE ACCEPTED. DO NOT EMAIL YOUR APPLICATION MATERIALS OR LETTERS OF RECOMMENDATION.**

**Prior to mailing the application, please use the checklist on page 7 to ensure you have included all the necessary materials for your application packet!**

STUDENT DATA

(Complete fully – please type or print clearly)

**Personal Data**

Name: Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #:\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Data**

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Name of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guidance Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_\_\_\_ SAT \_\_\_\_\_\_\_\_\_\_\_\_\_ ACT \_\_\_\_\_\_\_\_\_\_\_\_\_

 **Organizational involvement honors, and Special Interest (if applicable):**

|  |  |  |
| --- | --- | --- |
| **Awards** | **Membership** | **Honors** |
|  |  |  |
|  |  |  |
|  |  |  |

**Community Service Activities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Activity**  | **Dates** | **Frequency**  | **Roles and Responsibilities**  |
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**Have you participated in any Bronx Alumnae Chapter Youth Program?**

**Yes\_\_\_\_\_ No\_\_\_ If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of program)**

**Potential College/ University**

List the names of colleges and universities you are applying to:

|  |  |  |  |
| --- | --- | --- | --- |
| School Name |  |  |  |
| School Location |  |  |  |
| Application Status check all that applies | **O** Pending **O** Accepted | **O** Pending **O** Accepted | **O** Pending **O** Accepted |
| Annual Tuition |  |  |  |
| Room and Board |  |  |  |
| Total Annual Cost |  |  |  |

What area(s) of study do you plan to pursue in college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to apply for federal financial aid? \_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_No

Where do you plan to live? \_\_\_On-campus \_\_\_Off-campus \_\_\_Commute \_\_\_Undecided

 **Other Scholarship/ Financial Awards**

List any other scholarships or financial awards applied for or received.

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant, Awards, Scholarship** | **Term of Award****(one time, 1 year, 4 years)** | **Total amount of reward** | **Have you been selected to receive the award (Y/N)** |
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 **Parent/Guardian Information**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Occupation** |
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Number of dependents in household\_\_\_\_ Number of dependents currently in college\_\_\_\_

**Declaration**

I hereby declare that all the above statements are true and correct to the best of my knowledge. I have concluded with this application with the necessary official transcript, and letters of recommendation are in sealed envelopes. I am willing to appear in person for an interview via zoom or live. Any incomplete section of the application or any missing documents will void this application.

If awarded the Bronx Alumnae Chapter Scholarship, I understand that I must be entering a four-year college as a matriculating student in September 2024, or I will forfeit the entire scholarship.

I agree to accept the decision of the Bronx Alumnae Chapter of Delta Sigma Theta Sorority Inc. 2024 Scholarship Committee.

Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN APPLICATION TO:**

Delta Sigma Theta Sorority, Inc.

Bronx Alumnae Chapter

P.O. Box 102

Bronx, New York 10467

ATTENTION: Ms. Knight, Scholarship Chair

**DEADLINE DATE: Application must be postmarked no later than:**

 **Friday, February 23, 2024.**



**\*Please give this letter to your recommender\***

October 23rd, 2023

To Whom It May Concern:

The prospective applicant has selected you to write a recommendation letter for them.

They are applying for the Bronx Alumnae Chapter of Delta Sigma Theta Sorority Inc. 2024 Scholarship. Here are the guidelines in providing a letter of recommendation for the aforementioned applicant:

**Recommendation letter MUST:**

1. Be on official school or organization letterhead.
2. State the recommender’s name, relationship to the applicant, and length of time he /she has known the applicant.
3. Be addressed to **Delta Sigma Theta Sorority, Inc., Bronx Alumnae Chapter Scholarship Committee-P.O. Box 102, Bronx, NY 10467**.
4. Speak to the applicant’s character, education, service, level of commitment, and any other pertinent information the committee should consider.
5. Be given to the student in a sealed envelope with your signature across the seal for submission with the completed application packet.

**DEADLINE DATE: Application must be postmarked no later than Friday, February 23rd, 2024.**

**ATTN COUNSELORS AND STUDENTS:**

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**2024 Scholarship Application Checklist!**

**Before mailing your application in, did you….**

* 1. Print and complete the form with all the necessary information?
* 2. Submit a two-page, 12pt font-Times New Roman, double spaced typed essay, minimum 750 words-1000 words maximum or less, titled: “DST Scholarship Essay”.
* 3. Be sure to include your name on the essay in the upper right-hand corner. Select only ONE of the essay prompts.
* Provide two (2) confidential letters of recommendation **This person may NOT be a relative.**
* One must be from a teacher/ guidance counselor
* One from a community service supervisor with the necessary criteria provided within the recommendation letter.

**Recommendation letter MUST:**

1. Be on official school or organization letterhead
2. State the recommender’s name, relationship to the applicant, and length of time he /she has known the applicant
3. Be addressed to Delta Sigma Theta Sorority, Inc., Bronx Alumnae Chapter Scholarship Committee.
4. Speak to the applicant’s character, education, service, level of commitment, and any other pertinent information the committee should consider
5. Be given to the student in a sealed envelope with signature across the seal for submission with the completed application packet.
* An official high school transcript
* A copy of your ACT or SAT scores (if applicable) for the 2023-2024 school year.

**Once you have checked off all the boxes and made sure to have all the necessary documents, you are ready to mail your application packet to:**

**Bronx Alumnae Chapter**

**Delta Sigma Theta Sorority Inc.**

**P.O. Box 102**

**Bronx, NY 10467**

**Attn: Ms. Knight, Chair of Scholarship**

**All Materials must be postmarked by Friday, February 23, 2024!**

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**Scholarship Application Timeline**

* **2/23/24: Postmark deadline for Scholarship Application**
* **3/4/24 - 3/11/24: Notifications go out for invitations to the 2nd round.**
* **3/18/24 - 3/28/24: 2nd round interviews is conducted via zoom.**
* **Week of 4/8/24: Scholarship Winner and Grant Awardees are notified.**
* **May 2024: 2024 Scholarship Luncheon**

**(Scholarship Awardee will be invited to attend)**

* **May 2024: Scholarship and Grant Ceremony**

**(All awardees invited to attend)**