



Trenton Alumnae Chapter of Delta Sigma Theta Sorority, Inc. 2017/2018 Scholarship Application



**Delta Sigma Theta Sorority, Incorporated
Trenton Alumnae Chapter**

TAC Scholarship Application 2017-2018

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. Since its founding more than 200,000 women have joined the organization. The organization is a sisterhood of predominantly Black, college educated women. The sorority currently has 1,000 collegiate and alumnae chapters located in the United States, England, Japan (Tokyo and Okinawa), Germany, the Virgin Islands, Bermuda, the Bahamas, Jamaica and the Republic of Korea.

Merit Scholarship & Book Awards: Each year Delta Sigma Theta Sorority, Inc. raises thousands of dollars, that assists the sorority to provide merit scholarships and book awards to deserving students in an effort to promote the advancement of higher education. Through the scholarship program, many of the award recipients have attended some of the top ranked colleges and universities in the country.

The Trenton Alumnae Chapter of Delta Sigma Theta Sorority, Inc. awards scholarship(s) to area high school seniors, who are enrolling at a two or four year post-secondary institution for the 2018-2019 academic year and meet the following requirements:

- Candidates must be intending to enroll as a full time student, at a post-secondary institution
- Applicants must have a minimum 2.5 GPA
- Demonstrate leadership in extracurricular activities
- Demonstrate involvement in the community
- Demonstrate a financial need

In addition, applicant must also submit the following documentation:

- **Completed Application**
- **Two letters of recommendation**
- **Official transcript**
- **Photo**
- **Proof of income**

The application deadline for the 2017 scholarship program is **April 2nd, 2018**. All application materials must be mailed to the following:

**Delta Sigma Theta Sorority, Incorporated
Trenton Alumnae Chapter
P.O. Box 22214
Trenton, NJ 08607-0214**

If there are any questions or concerns, please e-mail us at Trentondtscholarship@gmail.com.

Applicant Name: _____

TAC SCHOLARSHIP APPLICATION 2017/2018

Please Print or Type

Part I: PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: () _____ **Age:** _____ **Gender:** _____

Applicant E-mail: _____

(1) Parent/Guardian: _____
(Last) (First) (M.I.)

Parent/Guardian E-mail: _____

(2) Parent/Guardian: _____
(Last) (First) (M.I.)

Parent/Guardian E-mail: _____

Are you related to a member of Delta Sigma Theta Sorority, Inc.? Yes No

****Children of Delta Sigma Theta Sorority, Inc. Members are not eligible to apply.**

If you answered yes, please write the name of the member and state your relationship to her.

Part II: SCHOOL INFORMATION

Name of School: _____

Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Name of Guidance Counselor: _____

Cumulative Grade Point Average (GPA): _____

Applicant Name: _____

Part III: SCHOOL COUNSELOR CERTIFICATION
To be given to and completed by high school counselor.

Name of Applicant _____
(Last) (First) (M.I.)

High school GPA (computed on 4.0 scale): _____

Class rank: _____ Total Number of students in graduating class: _____

Official transcripts must be submitted along with this application. The transcript must include:

- Grades from the 9th to the 11th school years,
- Cite cumulative grade point average,
- Signed by a school official, and
- Stamped with the official school seal and sent in a sealed envelope.

Statement: Please provide any information regarding the student that may assist us in considering this applicant for this scholarship. *(If you are writing an official Letter of Recommendation-Letter Two for this student, please omit this section)*

Name of School Counselor: _____ Date _____

Signature of School Counselor _____

Email Address _____ Contact Number () _____

Applicant Name: _____

PART IV: LETTER(S) OF RECOMMENDATION REQUIREMENTS

***** (Please give a copy of this sheet to the person writing the recommendation for content requirements)***

All applicants are required to submit two (2) letters of recommendation. Letters of recommendation must meet these requirements:

- **Letter One:** Typed letter of recommendation on the organization's official letterhead from a **non-school related community service or job-related organization** verifying his or her involvement.
- **Letter Two:** Typed letter of recommendation from his or her current high school **principal, counselor, advisor or teacher on the school's official letterhead.**

Individuals who are writing recommendations should specify relationship or capacity in which he or she knows or has observed the applicant. Unsigned letters will not be accepted. Therefore, the application package will be deemed incomplete.

***** (Please give a copy of this sheet to the person writing the recommendation for guidance)*****

Applicant Name: _____

Part V: FINANCIAL STATUS

Combined Family Income: _____

Number of residents in household (including applicant): _____

Number of minors in your household (including applicant): _____

Number of residents presently enrolled in post high school studies: _____

List any special circumstances you feel will qualify you (financially) for the scholarship award:

To be eligible you must show proof of income from your parent(s)/legal guardians such as the following

- W-2 form
- Pay Stub or
- Wage and tax statement

*If a parent is unemployed, please provide proof of unemployment benefits.

**If you or your family are receiving benefits from government funded programs such as NJ Family Care or SSI? Yes No

Applicant Name: _____

Part VI: ACTIVITIES

(Please complete all areas of tables. Use additional sheets if necessary)

List all school activities in which you are involved:

Organization/Activity	Office Held	Dates Active	Contact Person/Advisor

List all community activities in which you are involved (church, civic, etc.):

Organization/Activity	Office Held	Dates Active	Contact Person/Advisor

List all honors and awards received in the past four years (Grades 9-12):

Honor/Award Name	Organization	Date Received

Applicant Name: _____

Part VII: ESSAY

Requirements:

- Typewritten (no handwritten essays will be accepted)
- Minimum of 250 words, double-spaced
- Times New Roman or Arial (font), 12-point font, double-spaced.
- Name affixed on top of each page
- One-sided only

Essay Question (please choose one topic):

(Submit on a separate sheet)

Topic One: Please describe your career interests, goals, qualifications for this scholarship and any other information that you feel may assist us in awarding this scholarship.

~OR~

Topic Two: Describe the greatest challenge you have faced as a high school student and explain how you overcame that challenge. Please be sure to include what advice you would give other students in a similar situation.

Applicant Name: _____

Applicant/Parent/Guardian Certification Page

I/WE HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

****Application Checklist:**

- | | | |
|--|--|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Two (2) Letters of Recommendation | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Official Transcripts | <input type="checkbox"/> Essay & Personal Statement | <input type="checkbox"/> Income Verification |

*****APPLICATION DEADLINE: APRIL 2, 2018*****

**RETURN TO: Delta Sigma Theta Sorority, Incorporated
Scholarship Committee
P.O. Box 22214
Trenton, NJ 08607-0214**

All information is subject to VERIFICATION.

Scholarship Recipients will be notified on or before June 30, 2018.