

# TRENTON ALUMNAE CHAPTER Delta Sigma Theta Sorority, Inc.



Trenton Alumnae Chapter  
and  
Trenton Fortitude Corporation

**APPLICATION DEADLINE IS  
APRIL 5, 2019**



**Delta Sigma Theta Sorority, Incorporated**  
**Trenton Alumnae Chapter**  
**Trenton Fortitude Corporation**  
**Scholarship/Book Award Applications 2018-2019**

Delta Sigma Theta Sorority, Incorporated is a private, non-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 over 1,000 collegiate and alumnae chapters located in the United States, and abroad.

The Trenton Fortitude Corporation is a 503c3 nonprofit established in 2004 by Trenton Alumnae Chapter Delta Sigma Theta Sorority, Inc. TFC supports and expands the charitable and educational programs of the Trenton Alumnae Chapter.

**Merit Scholarship & Book Awards:** Delta Sigma Theta Sorority, Inc. and Trenton Fortitude Corporation raise thousands of dollars to provide merit scholarships and book awards to deserving students. Through our scholarship program, many of the award recipients have attended some of the top ranked colleges and universities in the country.

Trenton Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and Trenton Fortitude Corporation will award scholarship(s) and book awards to Mercer County high school seniors enrolling at a two to four-year post-secondary institution for the 2019-2020 academic year and meet the following requirements:

- Plan to enroll as a full time student, at a post-secondary institution
- 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 recommendations
- Official transcript
- Photo 3X5 Headshot and name on back
- Proof of income

The application deadline for the 2018-2019 scholarship application is **April 5, 2019**.

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**

Applicants Name \_\_\_\_\_

**Delta Sigma Theta Sorority, Incorporated**  
**Trenton Alumnae Chapter**  
**Trenton Fortitude Corporation**  
**Scholarship/Book Award Applications 2018-2019**

Please Print or Type)

**Part I: PERSONAL INFORMATION**

**Name:** \_\_\_\_\_ Gender: \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

**Applicant E-mail:** \_\_\_\_\_

**(1) Parent/Guardian:** \_\_\_\_\_  
(Last) (First) (M.I.)

**Telephone:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**(2) Parent/Guardian:** \_\_\_\_\_  
(Last) (First) (M.I.)

**Telephone:** ( ) \_\_\_\_\_ **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):** \_\_\_\_\_

Applicants Name \_\_\_\_\_

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**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
- Stamped with the official school seal and mailed 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 a Letter of Recommendation please omit this section)*

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**Name of School Counselor:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of School Counselor** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Contact Number ( )** \_\_\_\_\_

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**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 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) \*\****

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**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:

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

**Financial information to be reviewed by Scholarship Committee Officials ONLY**

\*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

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**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

Applicants Name \_\_\_\_\_

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**Part VII: Future Plans**

List all schools in which you have applied. Place an X in front of the school you plan to attend.

COLLEGE/UNIVERSITY	LOCATION

Major: \_\_\_\_\_

Goal: \_\_\_\_\_  
\_\_\_\_\_

**Part VIII: 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.



Applicants Name \_\_\_\_\_

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**IX 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:**

- Completed Application       Two (2) Letters of Recommendation  
 3X5 Photo Name on back       Official Transcripts       Essay & Personal Statement  
 Income Verification

**\*\*\*APPLICATION DEADLINE: (Only completed applications will be considered)**

**Applications must be postmarked no later than APRIL 5, 2019.**

**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, 2019.*

If there are any questions or concerns, please e-mail us at [Trentondtscholarship@gmail.com](mailto:Trentondtscholarship@gmail.com)