



**Delta Sigma Theta Sorority, Inc.
San Diego Alumnae Chapter
A Public Service Sorority**

Scholarship Application

Delta Sigma Theta Sorority, Inc.
San Diego Alumnae Chapter
Scholarship Committee
P. O. Box 84781
San Diego, CA 92138-4781

GENERAL INFORMATION AND INSTRUCTIONS FOR APPLICATION

Delta Sigma Theta Sorority, Inc., San Diego Alumnae Chapter recognizes and honors students who are committed to academic excellence, positive leadership, and community service.

- Eligibility for this scholarship is limited to African-American female High School Seniors who reside in the San Diego Alumnae Chapter service area. The applicant must demonstrate the following:
 - Academic achievement (minimum 2.75 G.P.A. on a 4.0 scale or 3.5 G.P.A. on a 5.0 scale in all classes)
 - Leadership ability as demonstrated by participation in extracurricular activities, community service, and/or holding positions in organizations.
- To be considered, this application packet **MUST BE RECEIVED** no later than **March 31, 2024**. A completed application packet will include the following:
 - An official High School transcript that is sealed and unopened or electronic copy sent directly from the school to sdacscholarship@gmail.com.
 - Two (2) typed letters of recommendation.
 - One (1) typed essay adhering to the scholarship application guidelines outlined on Page 3 of the scholarship application.
 - Completion of all sections of this application (**APPLICATION MUST BE TYPED**).
- Completed application materials received by the deadline will be screened and evaluated by the committee. Incomplete applications will not be considered nor returned for completion. Those candidates deemed as winners will be notified via email (parent/s of minor students will be notified) and will be listed on the San Diego Alumnae Chapter's website, www.dstsandiego.org by May 31, 2024.
- Scholarship Awards will be paid directly to the student upon confirmation from the registrar of current enrollment. The Scholarship Award must be used within the academic year in which the award was presented or the award will be forfeited.

Scholarship Applications are available on the San Diego Alumnae Chapter's website at <http://www.dstsandiego.org>

Scholarship Application

Applicant Information			
Name:			
Address:			
City:	State:	ZIP Code:	
Phone (Home):		Phone (Mobile):	
Email:			
Age:	Birth Date:	I identify as woman/female: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity:
Total Household Income:			
School Information			
High School:			
Address:			
Counselor's Name:			
Graduation Date:			
Overall GPA:			
Father/Guardian			
Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Phone (Day):		Phone (Evening):	
Email:			
Employer:			Occupation:
Mother/Guardian			
Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Phone (Day):		Phone (Evening):	
Email:			
Employer:			Occupation:
Total Household Income:			
Siblings			
Name:	Age:	School:	
Name:	Age:	School:	
Name:	Age:	School:	
Name:	Age:	School:	

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Activities

List your extra-curricular school and community activities
(If additional space is required, attach one (1) 8½ x 11 sheet)

Community Service Activities

Organization	Dates	Level of Participation (i.e. office held, honors, volunteer)

Extra-Curricular Activities

Organization	Dates	Level of Participation (i.e. office held, honors, volunteer)

Awards/Recognitions

Award	Organization	Dates

Work Experience

Please provide your work experience for the past three (3) years

Employer:

Job Title:

Duties:

Dates:

Employer:

Job Title:

Duties:

Dates:

Employer:

Job Title:

Duties:

Dates:

Scholarship Application

References

Two (2) letters of recommendation are **required**
Submit two (2) references from the categories below:

Community Leader/Employer:

Teacher (Current/Past):

School Administrator/Counselor:

Education Plan

Desired Major:

Name of College/University you plan to attend:

Where Located:

Essay

Please attach a one-page typed essay. Your essay must be typed in twelve (12) point font, double-spaced with 1" margins on all sides. Scholarship winners or their representatives **must** share their essay at the scholarship reception.

Essay Question: **How do you plan to use your college degree to make a difference in your chosen profession, community, and within your family?**

Applicant Declaration

I hereby declare that all of the statements in this application are true. Any false information **will** disqualify the applicant. I am willing to appear for a personal interview and forward any additional information, if deemed necessary. I agree to accept the decision of the Scholarship Committee of Delta Sigma Theta Sorority, Inc., San Diego Alumnae Chapter.

Signature: _____ Date: _____

Print Name: _____

AUTHORIZATION TO RELEASE STUDENT INFORMATION

Parent/Guardian Signature (under age 18): _____ Date: _____

Student Signature (age 18 and over): _____ Date: _____

Applicant Submission

Return your completed application to:

Delta Sigma Theta Sorority, Inc.
San Diego Alumnae Chapter
Scholarship Committee
P.O. Box 84781
San Diego, CA 92138-4781

or via email:
sdacscholarship@gmail.com