



SCHOLARSHIP APPLICATION

Dear Students, Colleagues and Community Representatives:

Delta Sigma Theta Sorority, Incorporated, a public service sorority, was founded in 1913 on the campus of Howard University. There are over 200,000 predominantly African-American, college educated women in more than 1000 chapters located in the United States and beyond. Brooklyn Alumnae Chapter was chartered in 1949.

Each year, Delta Sigma Theta Sorority, Inc. Brooklyn Alumnae Chapter (BAC) provides over \$40,000 in scholarship awards to qualified high school and college students who reside in the borough of Brooklyn. Most of our awards are renewable four-year scholarships. For those enrolled as full-time students, a grade point average of 2.50 per semester based on a 4.0 system, or its equivalent is required.*

A complete Scholarship Application must be postmarked or electronically submitted by May 5th of the current year. It should include the following:

- a) Scholarship Application Form
- b) Three letters of recommendation for different sources (i.e., teacher, counselor, religious or community leader, member of Delta Sigma Theta Sorority, Inc.);
- c) Current official transcript in PDF format from electronic submission;
- d) Typed 200-word essay entitled, "The Single Most Important Societal Problem Today." Include within your essay your rationale for identifying the problem and at least one way to address the problem. Responses must be prepared in Times New Roman 12-14 font, double spaced.

Delta Sigma Theta Sorority, Inc., Brooklyn Alumnae Chapter administers four different scholarships / awards. Each candidate to receive an award must attend an interview conducted by the Scholarship Committee. Proof of immigration status or U.S. citizenship is required.

PLEASE REVIEW THE FOLLOWING SCHOLARSHIP CRITERIA AND CHECK THE MOST APPROPRIATE ONE FOR YOU:

_____ **Brooklyn Alumnae Chapter Scholarship** a four-year continuous scholarship for Brooklyn residents, ranging from \$1,000.00 to \$2,000.00 per year. Applicant must be enrolled as a full-time student in a four-year college or university. Eligibility is based on maintaining a minimum 2.50 GPA for each semester.

_____ **Beverly Vance Memorial Scholarship** a \$1,000.00 renewable award for Brooklyn residents seeking a four-year degree with a major in **Communications, Speech, Drama, or a related field of study**. Continuous eligibility is based on full-time study with a minimum 2.50 GPA for each semester. **Applicant must be an entering freshman student. ****

_____ **Shirley Chisholm Award** a \$1,000.00 non-renewable award for a Brooklyn resident of the African Diaspora matriculating at **Brooklyn College full-time** with a major in **Women's Studies or Political Science**. Eligibility is based on full-time study with a minimum 2.50 GPA. **

_____ **Carrie L. Smith Award** a \$1000.00 non-renewable award (**fall semester only**) for a Brooklyn resident who is a parent/legal guardian of a minor child. Applicant must have a 2.50 GPA and be in receipt of an Associate Degree the same year of receiving the award. Applicant must be pursuing a Baccalaureate Degree at **Medgar Evers College CUNY** full-time in the following semester.

***Children of members of Delta Sigma Theta Sorority, Inc. (whether a member of Brooklyn Alumnae Chapter or another chapter) are ineligible for an academic award.**

**** If your intended major changes with respect to the Shirley Chisholm Award or Beverly Vance Memorial Scholarship, you must notify BAC in writing of the same.**

SCHOLARSHIP APPLICATION

Delta Sigma Theta Sorority, Inc. Brooklyn Alumnae Chapter

*Adhere
Photograph
here.*

PERSONAL INFORMATION

1. Name: _____
Last First Middle
2. Home Address: _____
Number and Street

City State Zip
3. Telephone: Home _____ Work _____
Cellular _____
4. Email Address: _____
5. Date of Birth: _____
6. Place of Birth: _____
City State Country
7. Gender: Female _____ Male _____
8. Citizenship: USA _____ Other (Specify) _____

EDUCATIONAL BACKGROUND

1. List in chronological order, starting from most recent, all high school and colleges attended.

Name of School and Complete Address

Dates of attendance

**Graduation Date or Expected
Date of Graduation**

2. SAT Score: Verbal_____ Math_____ Writing_____ Total_____

3. Grade Point Average_____ All applicants must attach official transcript from all high schools attended.

4. What institution do you plan to attend in the fall? If applicable, please attach your acceptance letter.

Name:_____ Location:_____

5. Your academic status this upcoming fall semester:

Freshman_____ Sophomore_____ Junior_____ Senior_____

6. Expected year of graduation from college_____

7. **Brooklyn Alumnae Scholarship Applicants only:**

Area of Study (Major):_____ Type of Degree_____

8. **Beverly Vance Memorial Scholarship Applicants only:**

Indicate the Baccalaureate Program being pursued: (please check √)

Communications_____ Drama_____ Speech_____ Other_____

If "Other" is marked, please indicate the related major: _____

FAMILY INFORMATION

1. Mother/Female Guardian_____

Home Address: _____
Last First Middle

Number and Street Apartment #

City State Zip

Telephone: Home Work

Occupation: _____

Name of Employer: _____

Employer's address: _____
Number and Street

Telephone: _____
City State Zip Telephone:_____

2. Father/Male Guardian _____

	Last	First	Middle
Home Address:			
	Number and Street	Apartment #	

City	State		Zip
Telephone:	Home	Work	

Occupation: _____

Name of Employer: _____

Employer's address: _____
Number and Street

City _____ State _____ Zip _____

Telephone: Telephone: _____

3. Household Composition: (List names of all household members including but not limited to siblings, other dependent children, parents/guardians, grandparents and other relatives):

4. Of the above listed how many are currently attending college full-time? _____ Part-time? _____

5. List the age(s) of your sibling(s) _____

6. Number of siblings currently attending college_____

7. Number of siblings who have graduated from college _____

HONORS, SPECIAL TALENTS AND WORK EXPERIENCE

1. List honors and/or awards received with dates. You may add pages as necessary.

2. List any organizations in which you are an active member. Do not use acronyms.

Please include your participation in any activity sponsored by any chapter of Delta Sigma Theta Sorority. You may add pages as necessary.

Name of Organization

Office(s) Held and Description of Participation

Dates of Membership

1. List **ALL** scholarships, awards, loans, and any other financial assistance for the **upcoming academic year**.

Include the type and amount of the award and whether it is for **one (1) year** or is a **renewable** scholarship/award for your **entire college career**.

2. Itemize your estimated college expenses for one (1) full academic year.

Tuition	\$ _____
Books	\$ _____
Room/Board	\$ _____
Transportation	\$ _____
Personal	\$ _____
Other (specify)	\$ _____

TOTAL	\$ _____
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LETTERS OF RECOMMENDATION

Every applicant is required to submit three (3) Letters of Recommendation addressed to the Scholarship Committee. Please submit letters with application and list names below:

Name

Address

Telephone Number

CERTIFICATION AND AUTHORIZATION

All information provided on this form is true and complete to the best of my knowledge. I certify that I am a senior in high school or a current full-time college student. I certify that the statements presented in this application are true and correct. At the request of the Scholarship Committee, I agree to make myself available for an interview, if requested. I understand that all required documents must be postmarked or electronically received by **May 5th** to the Brooklyn Alumnae Chapter of Delta Sigma Theta Sorority, Inc. for my application to be considered complete.

Authorization for release of records:

To comply with the provisions of the Family Education Rights and Privacy Act of 1974, permission is hereby given to school officials to release secondary school records and other requested information for consideration of the Brooklyn Alumnae Chapter Scholarship programs.

Failure to notify the Brooklyn Alumnae Chapter Scholarship Committee in writing of any change in status, academic or otherwise (including but not limited to: major, institution, full-time to part-time enrollment, Brooklyn residency) may result in scholarship forfeiture.

Applicant's Signature (Required)

Date

Parent or Guardian's Signature (Required)

Date

Parent or Guardian's Signature (Required)

Date

INTERNAL USE ONLY:

AWARD AMOUNT: \$_____

REVIEWED BY: _____

CHECKLIST (v)

___ Application

___ Typed Essay

___ Letters of Recommendation ___1 ___2 ___3

___ Official Transcript

___ Photograph



*** Did you enclose the following: (Please check v);**

____ **Completed Scholarship Application Form**

____ **Typed Essay-New Times Roman, 12-14 pt., double spaced**

____ **Official Copy Current Transcript**

____ **Three Letters of Recommendation**

Completed applications must be postmarked or electronically

submitted to scholarshipbrooklynalumnaedst@gmail.com

by May 5th.

Incomplete applications will not be considered.

Mailing Address:

Delta Sigma Theta Sorority, Inc.
Brooklyn Alumnae Chapter
Ms. Suzette Spann Scarborough
Chairperson Scholarship Committee
P.O. Box 470913
Brooklyn, New York 11247