

Greetings Scholarship Applicant:

Delta Sigma Theta Sorority, Inc. is a private, nonprofit organization whose purpose is to provide services and programs to promote human welfare. The sorority has more than 900 chapters worldwide and has initiated over 300,000 members. One of the five areas that Delta focuses on is educational development. As part of our Educational Development Program, we annually award scholarships to deserving high school seniors for advanced learning.

In order to qualify for the scholarship, students [male and female] must meet the following criteria: financial need, academic achievement, community service, outstanding accomplishments not limited to, but including, leadership, athletics, fine arts, and student government. All student applicants must be planning to attend a fully accredited college or university.

To support The Greater Cleveland Alumnae Chapter of Delta Sigma Theta achieve our goal of supporting high school college-bound seniors finance their collegiate aspirations, please attend to the following:

- Identify students at your school that meet the aforementioned criteria
- Click on the Scholarship link and download the application- www.dstcleveand.org/scholarship
- **FULLY COMPLETE** the scholarship application which includes **recommendations [BOTH teacher and guidance counselor], FAFSA profile or Student Aide Report (SAR)**
- **High school transcript**
- **Essay is also required**

Upon completing applications, they should be submitted via US mail by **Saturday, March 14, 2020,**

to: Greater Cleveland Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
PO Box 221368
Beachwood, Ohio 44122

Please note that only fully complete applications with all requisite information [recommendations, FAFSA, transcript] will be accepted and reviewed. The student and parent must sign the application. If questions arise, please call one of the chairpersons: Gail Reese at 216.469.9417 or Adina Walker at 847.280.0222. Thank you for your assistance.

****Children of members of Delta Sigma Theta Sorority, Inc. ARE NOT eligible for this scholarship.****

Sincerely yours,

Gail Reese

Chair, Scholarship Committee

Adina Walker

Co-chair, Scholarship Committee



Greater Cleveland Alumnae Chapter,
Delta Sigma Theta Sorority, Incorporated

Ruth Price-Rollins, *President*



DELTA SIGMA THETA SORORITY, INC.
A PUBLIC SERVICE SORORITY
GREATER CLEVELAND ALUMNAE CHAPTER

SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED.
ANSWER ALL QUESTIONS
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

PERSONAL INFORMATION

NAME _____

PHONE NUMBER _____

ADDRESS _____

PARENT OR GUARDIAN'S NAME

PARENT OR GUARDIAN'S NAME

OCCUPATION

OCCUPATION

ANNUAL INCOME _____

ANNUAL INCOME _____

STUDENT LIVES WITH *(check all that apply)*

FATHER _____ MOTHER _____ MALE GUARDIAN _____ FEMALE GUARDIAN _____

OTHER *(please specify)*

EDUCATION

NAME OF HIGH SCHOOL _____

ADDRESS _____

PRINCIPAL _____

DATE OF GRADUATION _____

CUMULATIVE GRADE POINT AVERAGE _____

INTERESTS AND ACTIVITIES

EXTRA-CURRICULAR ACTIVITIES _____

HOBBIES AND SPECIAL INTERESTS _____

WORK EXPERIENCE _____

COMMUNITY INVOLVEMENT _____

COLLEGE INFORMATION

COLLEGES TO WHICH YOU HAVE APPLIED *Please list in order of preference.*

PLACE AN ASTERISK(*) IN FRONT OF THE COLLEGES FROM WHICH YOU HAVE RECEIVED A LETTER OF ACCEPTANCE

PLANNED MAJOR _____

INTENDED OCCUPATION _____

OTHER FINANCIAL AID FOR WHICH YOU HAVE APPLIED _____

WHY SHOULD YOU RECEIVE THIS SCHOLARSHIP? _____

AUTOBIOGRAPHY ESSAY

(Limit to one page; PLEASE TYPE)

*Include educational experiences, honors, community involvement and special skills.
Please provide an explanation of your financial need.*

TEACHER RECOMMENDATION

(Must be completed to be considered for scholarship)

COUNSELOR RECOMMENDATION

(Must be completed to be considered for scholarship)

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

**** MUST HAVE BOTH SIGNATURES TO BE CONSIDERED FOR SCHOLARSHIP**

PLEASE ATTACH THE FOLLOWING:

1. TEACHER AND COUNSELOR RECOMMENDATIONS
2. OFFICIAL TRANSCRIPT WITH SCHOOL'S SEAL (INCLUDING OGT/OST SCORES)
3. COPY OF YOUR COMPLETED FEE APPLICATION FOR STUDENT AID (FAFSA) PROFILE

RETURN TO:

GREATER CLEVELAND ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
C/O SCHOLARSHIPS
P.O. BOX 221368
BEACHWOOD, OHIO 44122

***APPLICATION WITH ALL OF THE ABOVE ATTACHMENTS MUST BE POSTMARKED ON OR BEFORE
March 14, 2020***