

DELTA SIGMA THETA SORORITY, INC.
QUEENS ALUMNAE CHAPTER
P.O. BOX 340132
ROCHDALE VILLAGE STATION
JAMAICA, NEW YORK 11434-0132

The Queens Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is accepting applications for its annual

COLLEGE SCHOLARSHIP AWARD
September 2010 – June 2011

ELIGIBILITY REQUIREMENTS

- Δ Candidate must be a high school graduate that has received acceptance as a matriculated freshman entering a four-year college or university, or a student who is already enrolled and matriculated in a four-year college or university.
- Δ Candidate must live in the borough of Queens, but may attend school elsewhere.
- Δ The children of Sorors of Delta Sigma Theta Sorority, Inc. are *not* eligible to receive scholarship awards from Queens Alumnae Chapter.
- Δ Candidate must have demonstrated academic achievement with a high school minimum cumulative average of 78 (C+) or a college minimum G.P.A. of 2.5 on a 4.0 scale.
- Δ Candidate must meet with the Scholarship Committee for a personal interview.

SELECTION CRITERIA

- Δ Letters of recommendation
- Δ Scholastic achievement
- Δ Financial need
- Δ Adherence to deadlines for submission of requested documentation

EACH CANDIDATE MUST SUBMIT THE FOLLOWING:

- Δ Application/Information sheet.
- Δ Three letters of references:
 - One letter from a community service organization or other institution, on official letterhead, describing your community involvement. Community involvement must be of a voluntary nature and cannot be compensated..
 - One letter from a high school/college official, on official school letterhead, regarding your performance in school and extra curricular activities.
 - One character reference letter from someone other than a relative.
(A *Delta Sigma Theta Sorority member is desirable, but not required.*)
- Δ An **OFFICIAL SCHOOL TRANSCRIPT:**
Transcript must include the SPRING 2010 TERM - due **July 16, 2010.**
****PHOTOCOPIES WILL NOT BE ACCEPTED****
- Δ Official proof of registration (a bursar's receipt or other school specific documentation) from the college that you are attending – due **September 10, 2010.**
- Δ A two hundred (200) word personal statement, which should include goals, accomplishments, community involvement, and reasons why you should be considered for our scholarship.
- Δ If independent student: copy of financial aid transcript from your school, W-2 form and tax statement (which will be kept confidential).
- Δ If dependent: copy of financial aid transcript from school, parents' W-2 form and parents' tax statement (which will be kept confidential).

APPLICATION AND ALL REQUESTED MATERIALS MUST BE RECEIVED BY JULY 16, 2010

Mail application to: Delta Sigma Theta Sorority, Inc.
Queens Alumnae Chapter
P.O. Box 340132
Rochdale Village Station
Jamaica, NY 11434
Attn: Scholarship Committee

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COLLEGE SCHOLARSHIP AWARD APPLICATION

September 2010 – June 2011

SELECT THE DATE WHEN YOU WOULD BE AVAILABLE FOR YOUR INTERVIEW:

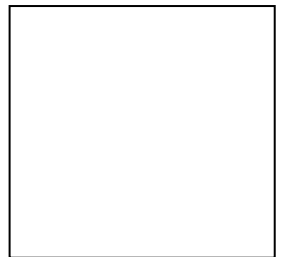
(Note: Interviews will take place 9:00 am – 3:00 pm)

August 14, 2010

Please attach a small

August 15, 2010

photograph of yourself →



Please use a separate sheet of 8½ x 11 paper for your personal statement.

Print/type all responses.

Name: _____

Address: _____

Telephone#:(____)_____

E-mail Address:_____

Date of Birth: ____/____/____
mm/ dd/ yy

Male:_____

Female: _____

Mailing Address at College: _____

Telephone#: School(____)_____ Cell Phone(____)_____

Contact Person Other Than Self:

Name:_____

Address:_____

Telephone#:(____)_____ Relationship:_____

FINANCIAL STATUS

Please indicate other source(s) of financial assistance that you are receiving or expect to receive this school year. Please indicate very clearly EACH INDIVIDUAL amount and the source of each amount. We will not accept a totaled amount.

SOURCE	AMOUNT

SOURCE OF INCOME	ANNUAL INCOME
Father:	
Mother:	
Your Own:	
Other:	

Social Security, Pension, Public Assistance, etc.

Total Income \$ _____

Total school expenses for the ensuing year \$ _____
(Actual or Estimated)

No. of children in your immediate family: _____

No. of dependent children living at home: _____

No. of children presently attending college: _____

No. of children attending private school: primary _____ secondary _____

Certification:
 I certify that the above information is true to the best of my knowledge.

Signature: _____ Date: _____