



Delta Sigma Theta Sorority, Inc.

March 23, 2018

Dear Student:

Delta Sigma Theta Sorority, Inc. has established a scholarship fund for African-American female high school seniors who wish to enroll in a four-year degree program, on a full-time basis, at an accredited college. In order to qualify for this scholarship, you must live in Shawnee or Douglas County, attend a Public School (USD 501, USD 437, USD 450 and USD 345) or parochial school. You must also be graduating this spring with a 3.0 GPA or better and must demonstrate community service. Community service may include civic, church or related activities.

Enclosed, please find our scholarship application form. Application instructions are as follows:

Instructions:

1. Your completed application must be typewritten or printed legibly.
2. Your application must include **three (3) letters of reference** from individuals familiar with your academic, community service and personal background.
3. **Your completed application packet must include those three letters of reference, current transcript and financial statement and must be RECEIVED BY OUR OFFICE BY FRIDAY April 13, 2018.**

4. Mail to:

Delta Sigma Theta Sorority Inc.

**Topeka Alumnae Chapter
P.O. Box 4917
Topeka, Kansas 66604**

*Please note that incomplete or late applications will render you ineligible for consideration for this scholarship. A Scholarship Committee, composed of representatives of Delta Sigma Theta Sorority, Inc. will review each application. A final determination will be made by **April 20, 2018**. The scholarship recipient(s) will be announced at the sorority's annual Mary E. Farr Scholarship Event (Salad Luncheon/Fashion Show/Silent Auction) which will be held on **Saturday, May 5, 2018** at **Grace Cathedral**. If you have any questions about the scholarship or application requirements, feel free to call me at (785) 232-9244 or you may e-mail me at solo48858@aol.com.

Sincerely,
Deborah Gray
Scholarship Committee, Chairperson

Tami E. Farr Smith
President

DELTA SIGMA THETA SORORITY, Inc. ACADEMIC SCHOLARSHIP APPLICATION



Please type or print in black ink legibly

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AGE _____ GENDER _____ PHONE _____

Office Use only

Candidate Number _____

Date application received _____

Candidate number _____

SECTION I: SCHOLARSHIP

1. HIGH SCHOOL _____
2. SCHOOL ADDRESS _____
3. CITY _____ STATE _____
4. COLLEGE YOU PLAN TO ATTEND _____
5. STATE _____ ANTICIPATED MAJOR _____

SECTION II: (TO BE COMPLETED BY HIGH SCHOOL COUNSELOR)

1. HIGH SCHOOL GPA (COMPUTED ON 4.0 SCALE): _____
2. CLASS RANK _____ NUMBER OF STUDENTS/CLASS _____
3. ACT SCORE _____ (Composite score)

Counselor Signature

SECTION III: FINANCIAL NEED (PLEASE CHECK ONE)

1. IS YOUR FAMILY GROSS ANNUAL INCOME:
 - A. LESS THAN \$15,000 _____
 - B. MORE THAN \$15,000 BUT LESS THAN \$25,000 _____
 - C. MORE THAN \$25,000 BUT LESS THAN \$35,000 _____
 - D. MORE THAN \$35,000 BUT LESS THAN \$45,000 _____
 - E. MORE THAN \$45,000 BUT LESS THAN \$55,000 _____
 - F. MORE THAN \$55,000 BUT LESS THAN 65,000 _____
2. HOW MANY RESIDE IN YOUR HOUSEHOLD? _____
3. HOW MANY MINORS ARE IN YOUR HOUSEHOLD? _____

SECTION IV: EXTRA CURRICULAR ACTIVITY (SCHOOL/NON SCHOOL)

List all extra-curricular school, church and civic activities. Include all honors, awards and leadership participation received or held during the last four years (Grades 9-12).

9th Grade

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

10th grade

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

11th Grade

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

12th Grade

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

SECTION V: COMMUNITY ACTIVITIES

List any community activities in which you were involved in the past four years. Do not include any activities from the previous section.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

SECTION VI: ESSAY

Please type a 1-2 paged, doubled-spaced essay. The essay should describe in detail why you would like to be considered for a DELTA SIGMA THETA SORORITY, INC. SCHOLARSHIP.

WE HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

APPLICANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE