



Delta Sigma Theta Sorority, Inc.

Albany (NY) Alumnae Chapter

Dear Prospective Applicant:

Thank you for your interest in the 2020 Scholar Incentive/Merit Award that is presented by the Albany (NY) Alumnae Chapter of Delta Sigma Theta Sorority, Inc., an international Greek-letter organization, having more than 900 chapters located in the United States, Tokyo, Japan, Germany, Bermuda, the Bahamas, Seoul, Korea, St. Thomas and St. Croix in the U.S. Virgin Islands.

In keeping with our National organization's programmatic thrust of Educational Development and promotion of high scholastic standards, we invite high school seniors who reside in the Capital District to apply for our awards. Additional applications are available and they are posted at our website, www.dstanya.org. Please note the criteria below:

- Comes from a traditionally under represented group in higher education
- High school senior living in the Capital Region
- Have a C+ (75%) or higher average
- Pursuing post-secondary education at an accredited institution
- In need of financial assistance
- Demonstrated ability and potential to succeed

A completed and signed application, with the required signatures, two letters of recommendation and transcript must be postmarked by **March 20, 2020**. Finalists will be interviewed in April and the winners will be recognized at an awards reception in May.

Please contact the Scholarship Chairperson, Brenda Twiggs at scholarship.dstanya@gmail.com with any questions.

Sincerely,

Brenda Twiggs, Chair, Scholarship Committee

Delta Sigma Theta Sorority, Inc. Albany (NY) Alumnae Chapter
SCHOLAR INCENTIVE / MERIT APPLICATION

PERSONAL INFORMATION

Student Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Parent/Guardian Name: _____

Address _____ Phone _____

Email: _____

Occupation: _____ Annual Income \$ _____

Parent/Guardian Name: _____

Address _____ Phone _____

Email: _____

Occupation: _____ Annual Income \$ _____

Number of persons at home (including yourself and other relatives): Adults: _____ Children: _____

Number of dependents in college: _____

Do you have a job now? _____ If so, indicate where you work, how many hours a week and your duties.
(Attach sheet if necessary)

Describe any unusual financial situation that should be considered by the committee. (Example – excessive medical bills, loss of employment)

HIGH SCHOOL DATA

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Telephone: _____ Name of Guidance Counselor: _____

EXTRA-CURRICULAR ACTIVITIES (Attach additional sheets, if necessary)

List any extra-curricular activities you have participated in during high school. Include offices held, clubs, sports teams and honors received:

POST SECONDARY EDUCATIONAL PLANS

Names of post-secondary institutions you have applied to:

State your intended major: _____

FINANCIAL AID

List scholarships, grants and loans you have applied for:

Name of Aid	Sponsor/Source	Amount
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COMMUNITY INVOLVEMENT (Attach additional sheets, if necessary)

List community organizations, groups and activities you have participated in and any special recognition you have received outside of school. Include church, Delta programs Scouts, volunteer work, social groups, pageants, sports, etc. Indicate the length of time you participate,d in these activities.

PERSONAL STATEMENT

Please attach a personal statement explaining your educational goals and reasons for applying for this scholarship. Your personal statement should be typed and at least one page in length.

RECOMMENDATIONS

Two recommendations are required. Submit a **RECOMMENDATION FOR SCHOLAR INCENTIVE / MERIT AWARD** form to a teacher or school official, your pastor or to someone who is not a relative, who can speak about your character. Submit with your application and other required documents by the deadline.

TRANSCRIPT

Submit the **REQUEST FOR OFFICIAL TRANSCRIPT** form to your guidance counselor. Include it with your application in a sealed envelope and send to the Scholarship Committee by the deadline.

**SUBMIT THE REQUIRED DOCUMENTS IN ONE PACKAGE TO
THE SCHOLARSHIP COMMITTEE, POSTMARKED BY**

March 20, 2020

**Scholarship Committee
Delta Sigma Theta Sorority, Inc.
P. O. Box 5187
Albany, New York 12205**

VERIFICATION:

We affirm that the information provided on this application is true to the best of our knowledge.

Student's Signature

Date

Parent / Guardian Name (Please Print Clearly)

Parent / Guardian Signature

Date

Check list:

Application: _____ **Personal Statement:** _____ **Transcript:** _____ **Recommendations (2)** _____

***** Your application will be considered INCOMPLETE if all items are not submitted by the application deadline.**

Delta Sigma Theta Sorority, Inc.
Albany (NY) Alumnae Chapter
2020 SCHOLAR INCENTIVE/MERIT AWARD

RECOMMENDATION FOR SCHOLAR/INCENTIVE AWARD

Student's Name _____ School _____

Student's Address _____

The above named student is applying for an Incentive Award. Please make appropriate statements regarding the student's academic ability, school and community service, personal qualities, potential for success and any other information that may be useful in evaluating the student. Attach your recommendation to this sheet.

Thank you for placing your recommendation in a sealed envelope, signing your name across the seal and giving it to the student for them to include with the application.

This information must be submitted by March 20, 2020.

Reference Name (Please Print) _____

Reference Signature _____

Job Title _____

Address _____

Telephone Number _____ Phone _____

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REQUEST FOR OFFICIAL TRANSCRIPT

I, _____ am applying for an Incentive Award from the Albany (NY) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. As part of the evaluation process, I am requesting an official copy of my transcript.

The transcript must be included with your application and postmarked no later than **March 20, 2020**.

Student Signature

www.dstanya.org