



Delta Sigma Theta Sorority, Inc.

Albany (NY) Alumnae Chapter

P.O. Box 5187

Albany, New York 12205

Dear Applicant:

Thank you for your interest in the 2022 Scholar Incentive / Merit Award presented by the Albany (NY) Alumnae Chapter of Delta Sigma Theta Sorority, Inc., an international Greek-letter organization of college educated women having more than 1,000 chapters located in the United States and abroad. The mission of Delta Sigma Theta Sorority, Inc. is the constructive development of its members and public service with a primary focus on the Black community.

In keeping with our national organization's programmatic thrust of Educational Development and the promotion of high scholastic standards, we invite high school seniors who reside in the Capital District to apply for our awards. The application is posted on our website, www.dstanya.org and may be downloaded if you need additional applications. Please note the criteria below:

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

Please submit a completed application with the required signatures, **two** letters of recommendation and transcript postmarked by **March 18, 2022**. Finalists will be interviewed in April 2022 via Zoom and the winners will be acknowledged in May 2022.

If you have any questions, please contact the Scholarship Co-Chairs, Dana M. Butler or LaTanya M. Coleman at scholarship.dstanya@gmail.com.

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: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Address _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

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.

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 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, Scouts, volunteer work, social groups, pageants, sports, etc. Indicate the length of time you participated 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. One recommendation must come from a teacher or school official. The second letter may be from your coach, pastor or someone who is not a relative, who can speak about your character. Submit the letters in sealed envelopes with your application and other required documents by the deadline.

TRANSCRIPT

Submit an **OFFICIAL TRANSCRIPT** and include it with your application in a sealed envelope.

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

March 18, 2022

**Scholarship Committee
Albany (NY) Alumnae Chapter
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

***** Preferred Parental Contact:** _____

Check list:

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

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